



January 1 – February 4, 2017

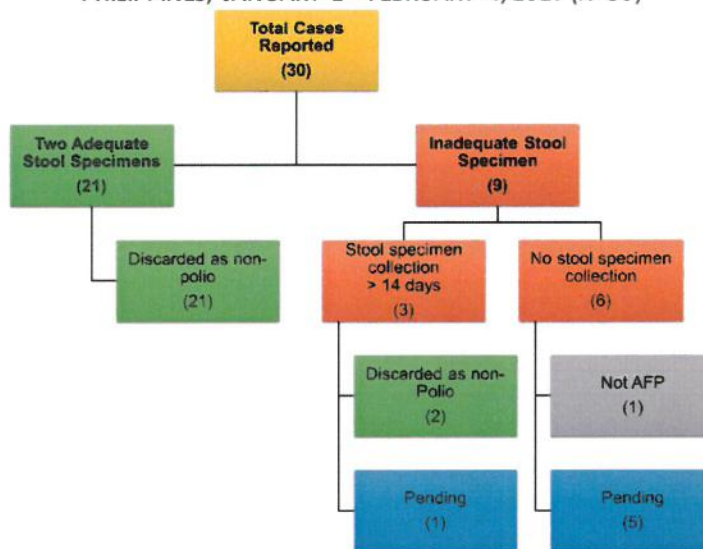
Epidemiology Bureau  
 Public Health Surveillance Division

**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 30 reported AFP cases were reported nationwide from January 1 to February 4, 2017 (Figure 1). Of these, 21 (70%) have two adequate stool specimens collected; all were discarded as non-polio. There were 9 (30%) AFP cases with inadequate stool specimens: 3 (33%) of the stools were collected beyond 14 days while 6 (67%) of the cases had no stool specimen collection. Among those with inadequate specimen collection, 2 cases have been classified as non-polio, 1 case was considered as not AFP case and the remaining 6 cases are pending for expert panel classification. Thirteen (13) out of the 18 Regions have already reported AFP cases since January.

**FIGURE 1. CLASSIFICATION OF ACUTE FLACCID PARALYSIS CASES, PHILIPPINES, JANUARY 1 – FEBRUARY 4, 2017 (N=30)**



**TABLE 1. AFP CASES BY REGION, PHILIPPINES, JANUARY 1 - FEBRUARY 4, 2017 (N=30)**

REGION	2017 Target AFP Cases 2/100k	2017 Target AFP Cases 1/100k	Reported Cases as of MW 5	Classification			Total Number of Classified Cases
				Non-Polio (Discarded)	NOT AFP	Pending	
Region I	40	20	0	0	0	0	0
Region II	27	14	2	2	0	0	2
Region III	87	43	2	1	0	1	1
Region IVA	111	56	5	3	1	1	4
Region IVB	24	12	2	2	0	0	2
Region V	48	24	3	3	0	0	3
Region VI	35	18	3	3	0	0	3
Region VII	47	24	1	1	0	0	1
Region VIII	36	18	1	0	0	1	0
Region IX	30	15	0	0	0	0	0
Region X	37	18	4	3	0	1	3
Region XI	42	21	0	0	0	0	0
Region XII	36	18	0	0	0	0	0
ARMM	30	15	1	1	0	0	1
CAR	14	7	1	0	0	1	0
CARAGA	21	11	0	0	0	0	0
NCR	98	49	3	2	0	1	2
NIR	36	18	2	2	0	0	2
PHIL	800	400	30	23	1	6	24

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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TABLE 2. STOOL SPECIMEN RESULT AMONG REPORTED AFP CASES, JAN. 1 – FEB. 4, 2017, (N= 30), PHILIPPINES

Stool Specimen Result	Reported Cases	Percentage
Positive for poliovirus	0	0
Negative for poliovirus	23	77
Non-polio enterovirus (NPEV)	1	3
No stool	6	20
<b>Total</b>	<b>30</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 **no** isolated poliovirus from January 1 to February 4, 2017. Among the **30** reported cases, **23 (77%)** tested negative for poliovirus, **1 (3%)** tested for NPEV, while **6 (20%)** had no stool specimen collected.

**PROFILE OF CASES**

Among the reported AFP cases, **9 (30%)** are Males and **21 (70%)** are Females. Most of the AFP cases reported belong to the 10-14 age group (**53.33%**). (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. Out of the 30 reported cases, **22 (75.86%)** had completed their OPV dose; the rest of the cases had 0 OPV dose (**10%**), unknown (**3%**) or incomplete OPV dose received (**14%**). (Figure 3).

FIGURE 2. AFP REPORTED CASES BY SEX AND AGE GROUP, JAN. 1 – FEB. 4, 2017 (N=30), PHILIPPINES

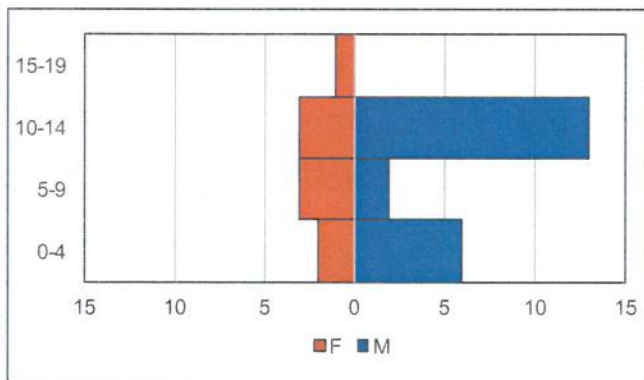


FIGURE 3. IMMUNIZATION STATUS AMONG AFP CASES BY POLIO VACCINATION DOSE AND AGE GROUP, JAN. 1 – FEB. 4, 2017 (N= 30), PHILIPPINES

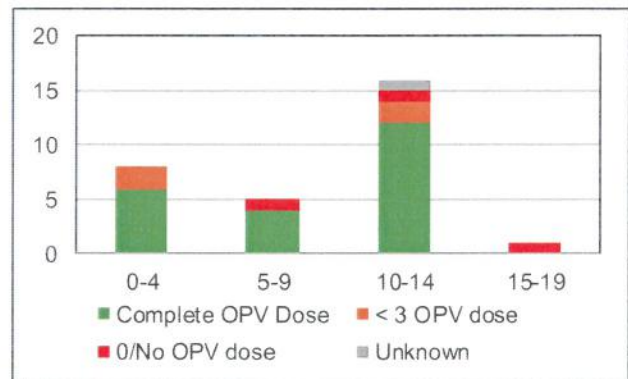
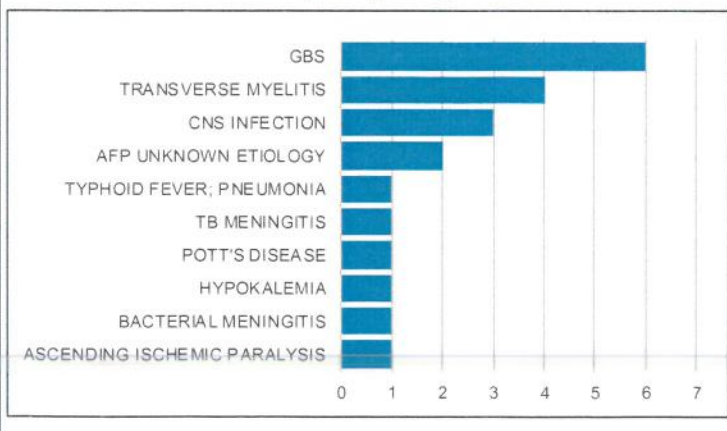


FIGURE 4. DIFFERENTIAL DIAGNOSIS OF AFP CASES, JAN. 1 – FEB. 4, 2017, (n=21\*), PHILIPPINES



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 9 cases still with unknown/pending final diagnosis



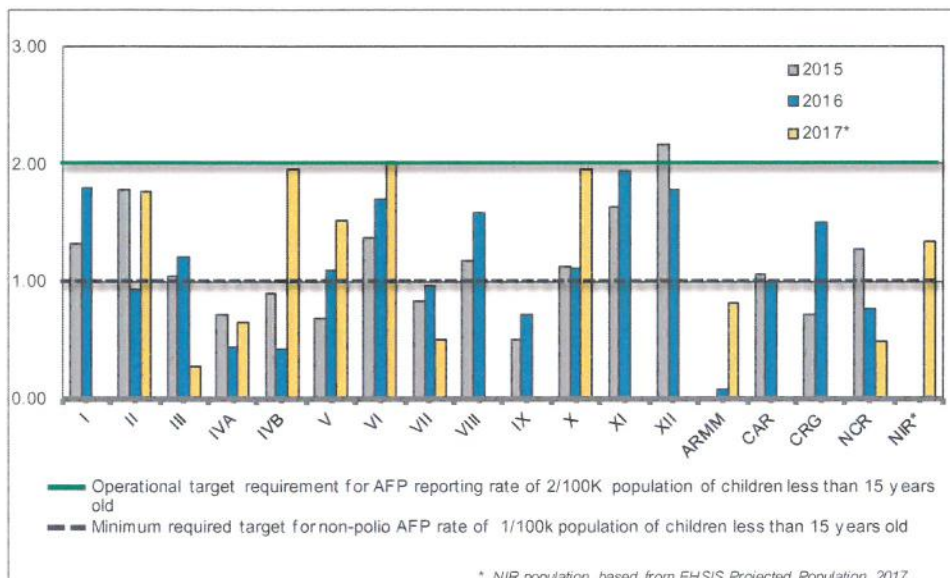
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**SURVEILLANCE PERFORMANCE INDICATORS: AFP REPORTING RATE AND NON-POLIO AFP RATE**

From January 1 to February 4, 2017, there were **30 AFP cases** reported, providing the Philippines a reporting rate of **0.90/100,000** population of children below 15 years old. Only **8 out of the 18 Regions** were able to surpass the target. **Twenty-three (23)** have been discarded as non-polio; which gives us a **non-polio AFP rate of 0.69/100,000**; nearly reaching the 1/100,000 minimum target. At present, **6 Regions** 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 – FEB. 4, 2017 PHILIPPINES

TABLE 3. REPORTING AND NON-POLIO AFP RATE AS OF MW 5



REGION	Reporting Rate	Non-Polio AFP Rate
Region I	0.00	0.00
Region II	1.76	1.76
Region III	0.55	0.28
Region IVA	1.08	0.65
Region IVB	1.96	1.96
Region V	1.51	1.51
Region VI	2.03	2.03
Region VII	0.51	0.51
Region VIII	0.67	0.00
Region IX	0.00	0.00
Region X	2.60	1.95
Region XI	0.00	0.00
Region XII	0.00	0.00
ARMM	0.81	0.81
CAR	1.71	0.00
CARAGA	0.00	0.00
NCR	0.73	0.49
NIR	1.34	1.34
PHIL	0.90	0.69

\* NIR population based from FHSIS Protected Population 2017

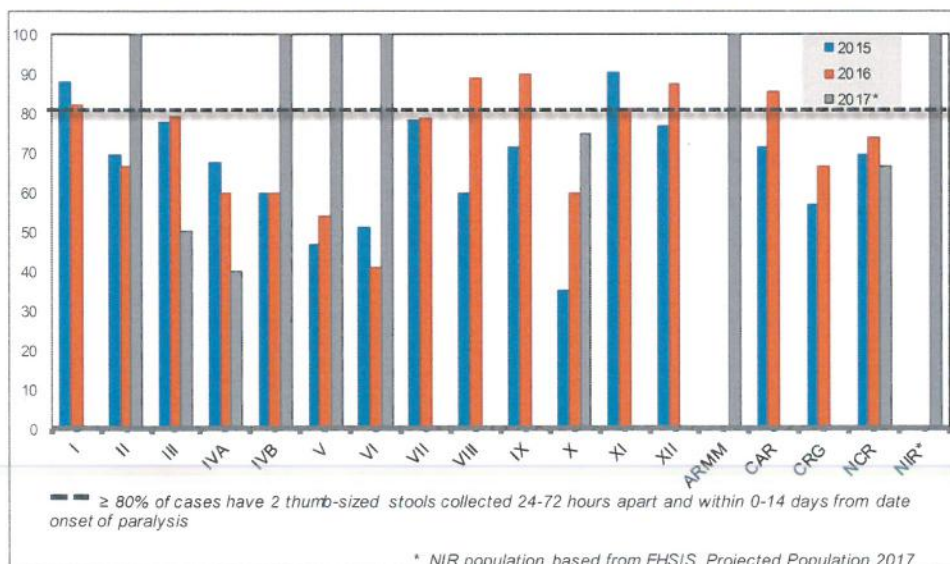
Reached/surpassed target  
 0-5-0.99 for non-polio AFP rate; 60-79% for other indicators  
 Substantially below target

**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. Figure 6 shows the adequate specimen collection rate from 2015 to 2017. As of MW 5, the adequate stool specimen rate is **70%** with 6 regions able to reach the target.

FIGURE 6. STOOL ADEQUACY RATE, JAN. 1 2015 – FEB. 4, 2017 PHILIPPINES

TABLE 4. STOOL SPECIMEN ADEQUACY RATE OF MW 5



REGION	Stool Specimen Adequacy Rate
Region I	-
Region II	100
Region III	50
Region IVA	40
Region IVB	100
Region V	100
Region VI	100
Region VII	0
Region VIII	0
Region IX	-
Region X	75
Region XI	-
Region XII	-
ARMM	100
CAR	0
CARAGA	-
NCR	67
NIR	100
PHIL	70




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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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