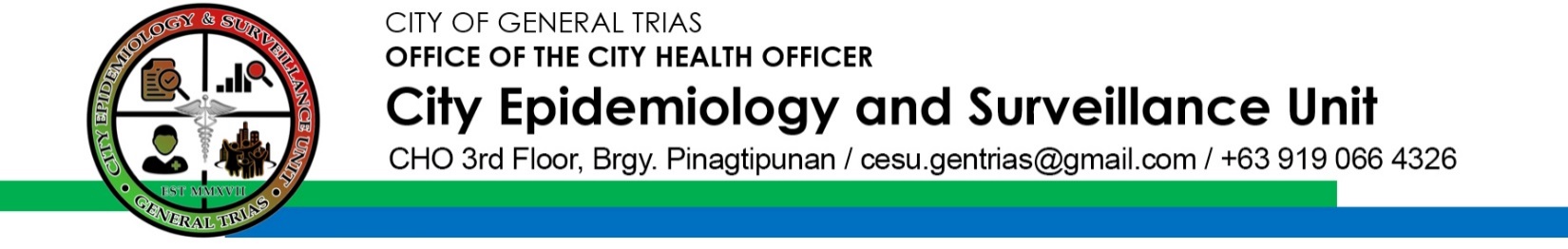
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**WEEKLY NOTIFIABLE DISEASE REPORT**

**Morbidity Week: ${mweek} – ${myear}**

|  |  |
| --- | --- |
| This report was prepared by:  **LUIS P. BROAS, RN, RPh, MAN**  **& ANALYN C. BARZAGA**  Date: ${pdate} | This report was approved by:  **JONATHAN P. LUSECO, MD**  (City Health Officer II)  Date: ${adate} |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of Notifiable Dieases/Syndromes** | | | |
| **Cases** | **Category I (Immediately Notifiable)** | **Cases** | **Category II (Weekly Notifiable)** |
| ${afp} | Acute Flaccid Paralysis | ${abd} | Acute Bloody Diarrhea |
| ${aef} | Adverse Event Following Immunization | ${aes} | Acute Encephalitis Syndrome |
| ${ant} | Anthrax | ${ahf} | Acute Hemorrhagic Fever Syndrome |
| ${inf} | Human Avian Influenza | ${hep} | Acute Viral Hepatitis |
| ${mea} | Measles | ${ame} | AMES |
| ${mgc} | Meningococcal Disease | ${mgt} | Bacterial Meningitis |
| ${nt} | Neonatal Tetanus | ${chi} | Chikungunya |
| ${psp} | Paralytic Shellfish Poisoning | ${cho} | Cholera |
| ${rab} | Rabies | ${den} | Dengue |
| ${sar} | Severe Acute Respiratory Syndrome | ${dip} | Diptheria |
| ${hfm} | Hand, Foot and Mouth Disease (HFMD) | ${ili} | Influenza-like Illness |
|  |  | ${lep} | Leptospirosis |
|  |  | ${mal} | Malaria |
|  |  | ${nnt} | Non-Neonatal Tetanus |
|  |  | ${per} | Pertussis |
|  |  | ${rtv} | RotaVirus |
|  |  | ${typ} | Typhoid and Parathypoid Fever |

**DISCLAIMER**: Every effort has been made to provide accurate and updated information; however, errors can still occur. By using the information contained in this report, the reader assumes all risks in connection with such use. The Regional Office 4A shall not be held responsible for errors, nor liable for damage(s) resulting from use or reliance upon this material

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