



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2023-078

To : **Public Schools District Supervisors
Health and Nutrition Personnel
Public and Private Elementary and Secondary Schools
Administrators
All Others Concerned**

Subject : **Reiteration of the Regional Memorandum No. ESSD-2023-032
on the Prevention, Detection, Isolation, Treatment and
Reintegration (PDITR) Strategy for hand, Foot and Mouth
Disease**

Date : February 28, 2023

Attached is the Regional Memorandum ESSD-2023-044 titled Reiteration of the Regional Memorandum No. ESSD-2023-032 on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for hand, Foot and Mouth Disease, for your information and appropriate action.

Hand, foot and mouth disease (HFMD) is a highly contagious viral disease affecting life stages but occurs most often in childhood. This is a common infectious disease caused by a group of enteroviruses, including Coxsackievirus A16 (CA16) and Enterovirus 71 (EV 71). In general, most cases of HFMD are mild, self-limiting and can be managed on an outpatient basis. However, infection and EV 71 is of particular concern as it can cause severe disease in children resulting to death. The latter led HFMD to be included as one of the priority disease/ syndromes/ conditions targeted for surveillance under RA no. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" with a category of immediately notifiable or Category I.

The Sporadic but constant and fluctuating cases of HFMD in the country should not be a reason for complacency and therefore constant vigilance is encouraged in all schools through the **activation of Preventive Alert System in School (PASS) to conduct surveillance among learners and teachers upon entry in schools/ classrooms wherever is appropriate.**

Thus, this memorandum is hereby being reiterated to implement the standardized protocol on the prevention, detection, isolation, treatment, and reintegration strategy on HFMD by all health personnel concerned.

Further, it is highly encouraged that cases of HFMD, including suspect and probable cases other than confirmed cases shall be reported immediately within 24 hours.

Private schools are highly encouraged to follow the guidelines and PDITR Strategies contained in this memorandum and in the Regional Memorandum no. ESSD – 2023-032.

For information and compliance.

DepEd Schools Division of Digos City
RECORDS SECTION

RELEASED
23-98014
DATE: MAR 10 2023 TIME: 4:21p
BY: [Signature]

CRISTY C. EPE

Schools Division Superintendent



Address: Roxas cor. Lopez Jaena Street, Zone II, Digos City (8002)
Telephone Nos.: (082) 553-8375; (082) 553-8396



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

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Revised

23-15190



Republic of the Philippines
Department of Education
DAVAO REGION

Schools Division of Digos City
RECORDS SECTION

RECEIVED 9:016

DATE: FEB 17 2023 TIME: 1:17

BY:

Office of the Regional Director

REGIONAL MEMORANDUM
ESSD-2023-044

To : Schools Division Superintendents

Attention: SDO - Medical Officers
SDO - Hand, Foot, and Mouth Disease Focal Persons

Subject: REITERATION OF THE REGIONAL MEMORANDUM
NO. ESSD-2023-032 AND ON THE PREVENTION,
DETECTION, ISOLATION, TREATMENT,
AND RE-INTEGRATION STRATEGY
FOR HAND, FOOT, AND MOUTH DISEASE

Date : February 6, 2023

Attached is the Memorandum from the Department of Health - Davao Center for Health Development dated **February 1, 2023**, entitled "**Reiteration of Memorandum on Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy for Hand, Foot, and Mouth Disease (HFMD)**", for your information and appropriate action.

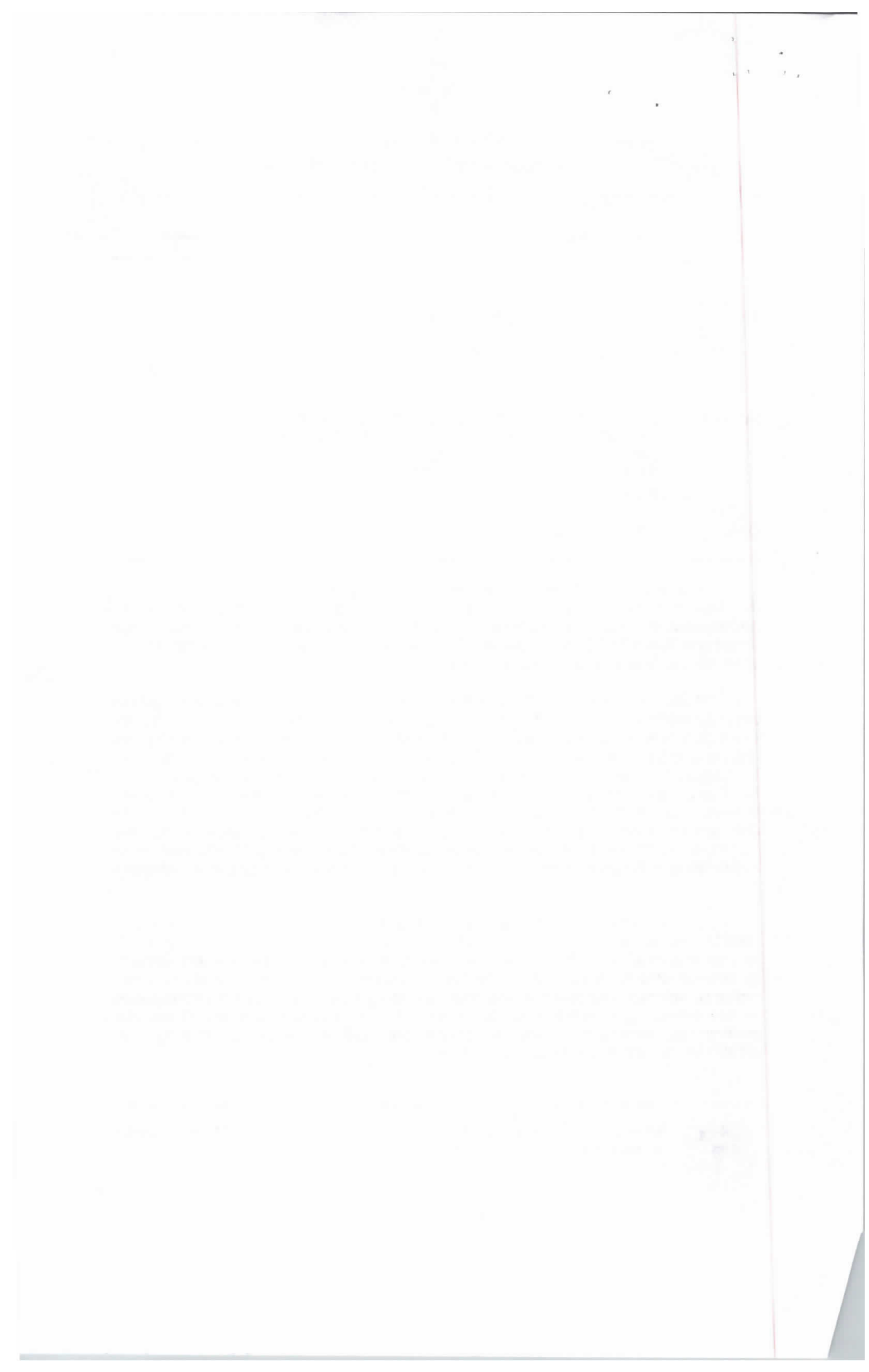
Hand, foot, and mouth disease (HFMD) is a highly contagious viral disease affecting various life stages but occurs most often in childhood. This is a common infectious disease caused by a group of enteroviruses, including Coxsackievirus A16 (CA16) and Enterovirus 71 (EV71). In general, most cases of HFMD are mild, self-limiting and can be managed on an outpatient basis. However, infection with EV71 is of particular concern as it can cause severe disease in children, sometimes resulting in death. The latter led HFMD to be included as one of the priority diseases/syndromes/conditions targeted for surveillance under Republic Act No. 11332, or the "**Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**" with a category of **immediately notifiable or Category I**.

The sporadic but constant and fluctuating cases of HFMD in the country should not be a reason for complacency and therefore constant vigilance is encouraged in all schools through the **activation of the Preventive Alert System in School (PASS) to conduct surveillance among learners and teachers upon entry in schools/classrooms wherever is appropriate**. Thus, **this memorandum is hereby being reiterated to implement the standardized protocol on the prevention, detection, isolation, treatment, and reintegration strategy on HFMD by all health personnel concerned**.



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Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

Further, it is highly encouraged that cases of HFMD, including suspect and probable cases other than confirmed cases **shall be reported immediately within 24 hours.**

Private schools are highly encouraged to follow the guidelines and PDITR Strategies contained in this memorandum and in the Regional Memorandum No. ESSD-2023-032.

Immediate and wide dissemination of this Memorandum is desired.

ALLAN G. FARNAZO

Director IV

By the Authority of the Regional Director

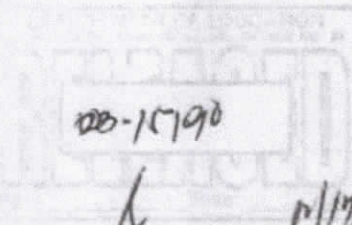
Enclosed: As stated

MARIA INES C. ASUNCION

Director III

Office of the Assistant Regional Director

ROE/smtc



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Republic of the Philippines
Department of Health
DAVAO CENTER FOR HEALTH DEVELOPMENT



DCHD MEMORANDUM CIRCULAR
NO. 2023-0009

09 FEB 2023

TO :

ALL GOVERNORS, MAYORS, HEADS OF DIFFERENT NATIONAL GOVERNMENT LINE AGENCIES, CITY/PROVINCIAL HEALTH OFFICERS, DISTRICT/MUNICIPAL HEALTH OFFICERS, PROVINCIAL DOH OFFICERS, EMERGING AND RE-EMERGING INFECTIOUS DISEASES (EREID) PROGRAM PROVINCIAL, CITY, MUNICIPAL COORDINATORS, FOOD AND WATERBORNE DISEASE PREVENTION AND CONTROL PROGRAM COORDINATORS

FROM : ANNABELLE P. YUMANG, MD, MCH, CESO III
Regional Director

SUBJECT : REITERATION OF MEMORANDUM ON PREVENTION, DETECTION, ISOLATION, TREATMENT AND REINTEGRATION (PDITR) STRATEGY FOR HAND, FOOT, AND MOUTH DISEASE (HFMD)

DATE: FEBRUARY 01, 2023

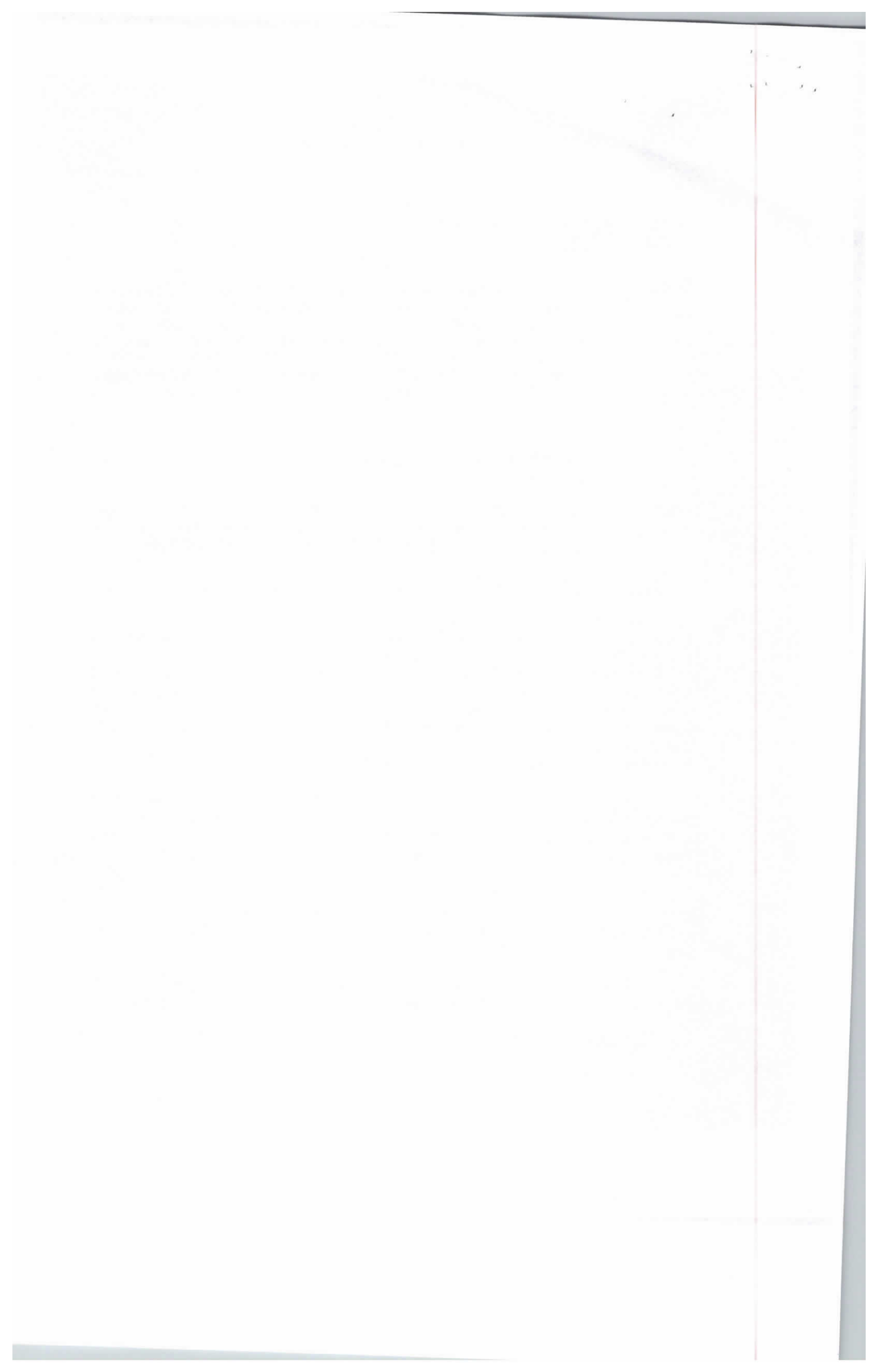
Hand, foot, and mouth disease (HFMD) is a highly contagious viral disease affecting various life stages but occurs most often in childhood. This is a common infectious disease caused by a group of enteroviruses, including Coxsackievirus A16 (CA16) and Enterovirus 71 (EV71). In general, most cases of HFMD is mild, self-limiting and can be managed on an outpatient basis. However, infection with EV71 is of particular concern as it can cause severe disease in children, sometimes resulting in death. The latter led HFMD to be included as one of the priority diseases/syndromes/conditions targeted for surveillance under Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" with a category of *immediately notifiable* or Category 1.

The sporadic but constant and fluctuating cases of HFMD in the country should not be a reason for complacency and therefore constant vigilance is encouraged. Thus, the memorandum is hereby reiterated to implement the standardized protocol on the prevention, detection, isolation, treatment and reintegration strategy of HFMD by all health workers concerned.

Furthermore, the implementation of the said issuance shall be cascaded to the Local Government Units (LGUs) and the CHD shall provide capacity building, advocacy, and awareness on HFMD while encouraging LGUs to adopt the said guidelines as part of their regular service deliver.

All concerned DOH offices, DOH attached agencies, and LGUs are hereby enjoined to perform their corresponding roles and responsibilities as stipulated in the said issuance.

For compliance.



October 20, 2022

MEMORANDUM

FOR : NESTOR F. SANTIAGO, JR., MD, MPHIC, MHSA, CESO II
Undersecretary of Health
Field Implementation and Coordination Team-NCR and Luzon

RODLEY DESMOND DANIEL M. CARZA, RN, MPH
OIC - Chief, Policy, Planning, Standards & Research
Health Promotion Bureau

FROM : BEVERLY LORRAINE C. HO, MD, MPH
OIC-Undersecretary of Health
Concurrent Director IV, Health Promotion Bureau
Public Health Services Team

RECEIVED
OFFICE OF THE UNDERSECRETARY OF HEALTH
HEALTH PROMOTION BUREAU
09 OCT 2022
23-15168
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SUBJECT : Public Advisory on the Prevention, Detection, Isolation, Treat and Reintegrate (PDITR) Strategy of the Hand, Foot and Mouth Disease (HFMD)

Hand, Foot and Mouth Disease (HFMD) is an infectious disease that occurs most often in children, but can also occur in adolescents and occasionally in adults and even pregnant women. The HFMD is caused by enteroviruses which includes Coxsackievirus A16 (CA16) and Enterovirus 71 (EV71). Infection with EV71 is of particular concern as it can cause severe disease in children, sometimes resulting in death.

Since the start of the HFMD Surveillance in 2012 - 2020 by the Research Institute for Tropical Medicine (RITM), 3,021 of the samples tested from 17 regions nationwide, majority (74%) tested positive for enterovirus, 76.7% were identified as coxsackievirus A6 (CA 6), 8.9% were CA 16 and 3% were EV 71.

In relation to the reported increasing cases of HFMD in certain regions in the country particularly in Region IV-A (CALABARZON), we would like to share with you the following information on the management of HFMD as shown below:

PDITR Strategies	Actions to be taken
Prevention	<u>Community Setting:</u> <ul style="list-style-type: none"> • Strict handwashing, and hand hygiene using alcohol-based sanitizer. • Disinfection of high touch surfaces and shared items. • Avoidance of close contact (e.g., kissing, hugging or sharing eating utensils or cups, touching of skin lesions) with infected people



PDITR Strategies	Actions to be taken
	<ul style="list-style-type: none"> • Proper waste disposal. • Observation of Minimum Public Health Standards (MPHS) such as mask-wearing, especially when sneezing and coughing, as well as physical distancing. <p>Hospital Setting:</p> <ul style="list-style-type: none"> • Mandatory handwashing and hand hygiene using alcohol-based sanitizer. • Strengthening of infection prevention and control measures (including contact precautions as part of transmission-based precautions). • Avoidance of sharing personal items (e.g., spoons, cups and utensils). • Use of appropriate personal protective equipment such as gloves and gown during patient-care activities that are likely to involve contact with secretions or excretions while caring for a patient with HFMD. • Observation of sneezing and coughing etiquette.
<p>Detection</p>	<ul style="list-style-type: none"> • The common clinical manifestations of HFMD include fever, mouth sores, and skin rash. The rash is commonly found on palms of the hands and soles of the feet. The rash can also occur on the buttocks, arms, and legs. • HFMD is usually diagnosed clinically, based on the patient's history and physical examination. Healthcare providers might collect samples from the patient's throat or feces and send them to a laboratory to test for the virus. However, initiation of case management should start following clinical diagnosis since tests are rarely done. • To report HFMD cases, these case definitions shall be followed: <ul style="list-style-type: none"> <i>Suspect case - Any individual, regardless of age, who developed acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers in the mouth.</i> <i>Probable case - A suspected case that has not yet been confirmed by a laboratory test, but is geographically and temporally related to a laboratory-confirmed case.</i> <i>Confirmed case - A suspected/ probable case with positive laboratory result for human Ectoviruses that cause HFMD.</i> • Clusters of HFMD cases, even if defined as still suspect or probable, should be reported immediately to the Event-based Surveillance and Response Unit. • Real-time Polymerase Chain Reaction (or quantitative PCR) is conducted for both screening and differential testing. The



PDITR Strategies	Actions to be taken
	<p>screening protocol is for the detection of ALL ENTEROVIRUSES while confirmation methodology will differentiate the major etiologic agents of HFMD, namely: Enterovirus A71 (EV-A71), Coxsackievirus A6 (CVA6) . Coxsackievirus A16 (CVA16).</p> <ul style="list-style-type: none"> • Appropriate specimens for screening and differential testing for HFMD shall be obtained and submitted to RITM for testing, per the assessment of the Local Epidemiology Surveillance Unit, for surveillance purposes.
Isolation	<ul style="list-style-type: none"> • HFMD is mainly transmitted through person-to-person contact, including contact with infected fecal material, infected nose and throat secretions or respiratory droplets, and fluid from blisters or sores; thus, isolate patients with HFMD following standard precautions with droplet and contact infection control procedures. <p><u>For parents/ guardians:</u></p> <ul style="list-style-type: none"> • Do not allow the children to attend school, day-care facilities, or attend other face-to-face activities until afebrile and all vesicles have dried up; or follow the advice from the Health Care Provider.
Treat	<ul style="list-style-type: none"> • HFMD is usually mild and self-limiting. In general, most cases of HFMD do not require admission but can be managed on an outpatient basis. Most fatal HFMD cases are due to enterovirus infection. • Supportive treatment and prevention of dehydration by ensuring appropriate fluid intake are recommended. For fever and painful sores, over-the-counter medications such as Paracetamol may also be given. However, if symptoms persist beyond 10 days or become severe (e.g., dehydration), it is advisable to seek medical consultation immediately. • Pregnant women with HFMD are at risk of having miscarriage, stillbirth, or severe disease in the neonate if the mother acquired the infection near the time of delivery. As such, pregnant women diagnosed with the disease should have adequate antenatal care, fetal surveillance, and proper supportive care to avoid these complications.
Reintegrate	<ul style="list-style-type: none"> • Individuals with HFMD usually recover on their own in 7 to 10 days. They are generally considered non-infectious when they have been afebrile for more than 24 hours and all the lesions have dried and healed. • Continue practicing the Minimum Public Health Standards (e.g., mask-wearing, respiratory hygiene/ cough etiquette, physical distancing and hand washing/ hand sanitation) • The child may return to school, day-care facilities, and attend



PDITR Strategies	Actions to be taken
	other face-to-face activities depending on the assessment and advice of the attending physician.

Further, additional information can be found at the following Department of Health guidelines and international references with their corresponding links:

- **Department Memorandum No. 2022-0034: Reiteration of Department Memorandum (DM) No. 2020-0097 entitled, "Guidelines on the Implementation of Hand, Foot and Mouth Disease Surveillance, Clinical Management and Preventive Measures"**
 Link: [https://www.hkma.gov.hk/eng/health/20220034.pdf](#)
- **Department Memorandum No. 2020-0097: Guidelines on the Implementation of Hand, Foot, and Mouth Disease Surveillance, Clinical Management and Preventive Measure**
 Link: [https://www.hkma.gov.hk/eng/health/20200097.pdf](#)
- **Department Memorandum No. 2012-0221: Interim Guidelines for the Surveillance of Hand, Foot, and Mouth Disease and Severe Enteroviral Disease**
 Link: [https://www.hkma.gov.hk/eng/health/20120221.pdf](#)
- **Centers for Disease Control and Prevention: Hand, Foot and Mouth Disease**
 Link: [https://www.cdc.gov/hand-foot-mouth-disease/index.html](#)
- **Center for Health Protection - Department of Health
The Government of the Hong Kong Special Administrative Region:
Management of Hand Foot Mouth Disease (HFMD) in Health Care Settings**
 Link: [https://www.hkma.gov.hk/eng/health/20120221.pdf](#)
- **World Health Organization - Western Pacific Region: A Guide to Clinical Management and and Public Health Response for Hand, Foot and Mouth Disease**
 Link: [https://www.wpro.who.int/publications/m/item/a-guide-to-clinical-management-and-public-health-response-for-hand-foot-and-mouth-disease](#)

For further inquiries and clarifications, please do not hesitate to coordinate with the Adult Health Division (AHD) through email: ahd@hksar.gov.hk and trunkline: 8651-7800 local 2354.

Thank you

