Republic of the Philippines
Department of Education
DIGOS CITY DIVISION
Office of the Schools Division Superintendent

DIVISION MEMORANDUM
SGOD-2025-017

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

Subject : **GUIDELINES ON THE PREVENTION AND CONTROL OF INFLUENZA-LIKE ILLNESS AND OTHER COMMUNICABLE DISEASES IN SCHOOLS AND OFFICES**

Date : January 8, 2025

Relative to the news that has been circulating online about the alleged outbreak of the **Human metapneumovirus (hMPV)** in China, the Department of Health recommends strengthening the risk communication emphasizing the preventive strategies to lower the risk of acquiring any respiratory diseases to alleviate public concerns and limit the spread of any respiratory infection.

To reduce the learner's and school-based personnel's risks of acquiring Influenza-like illnesses (ILI) and other communicable diseases, this office issues the enclosed **Guidelines on the Preventive and Control of Influenza-like Illnesses and other Communicable Diseases in Schools** based on DM No. 15, s.2020 (Enclosure No. 4) entitled "Operationalization of Preventive Alert System in Schools (PASS)."

The guidelines emphasize the necessity for schools to give precedence to influenza prevention and safeguarding the general welfare of the learners and teachers. Enclosures 1 and 2 present the guidelines and precautions to prevent the spread of ILIs and reporting system for the management/ containment of such illnesses.

In relation to Regional Memorandum ESSD 2025-007, entitled **"ADVISORY ON THE ALLEGED NEW EPIDEMIC IN CHINA AND REITERATION OF PROJECT SHIELD IN ALL SCHOOLS AND** OFFICES, this office reiterates also the implementation of **Project Shield** (**S**trategic **H**ealth **I**ntervention to **E**merging health threats thru IEC for **L**earners and educators in **D**avao Region in schools and offices as its proactive countermeasures on the current public health concern. School heads and their assigned health personnel shall conduct daily monitoring of health status of learners and personnel, and maintain a record on health status through **submission of reports to the Regional Office on suspected probable, and confirmed cases of notifiable diseases through Google Sheets** *http://bit.ly/SchoolDseSurv2024*.

Immediate and wide dissemination of this Memorandum is desired.

DepEd Schools Division of Digos City
RECORDS SECTION
RELEASED
DATE: JAN 14 2025 TIME: 9:27 am
BY:

MELANIE P. ESTACIO, Ph.D., CESO VI
Schools Division Superintent

1/10/25

Enclosed: As stated
SGOD/HNU/jbg

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Enclosure 1:

GUIDELINES ON THE PREVENTION AND CONTROL OF INFLUENZA-LIKE ILLNESS AND OTHER COMMUNICABLE DISEASES IN SCHOOLS

1. **Face Mask:** Wearing of facemasks is encouraged but not mandatory in closed spaces like classrooms, offices, and canteens. It is strongly advised that students who are experiencing symptoms similar to influenza and fever utilize a facemask while in the classroom.

2. **Hand Hygiene:** Teach and enforce proper handwashing techniques with soap and water for at least 20 seconds. Make hand sanitizer with at least 60% alcohol readily available in classrooms and common areas. Periodically inspect handwashing areas, ensure that hand soap is readily accessible at all handwashing stations, and adhere to proper handwashing protocols.

3. **Promote Vaccination:** Encourage students, teachers, and staff to get the annual flu vaccine. Vaccination is one of the most effective ways to prevent the flu.

4. **Respiratory Hygiene:** Encourage students and faculty to cover their mouth and nose with a tissue or their elbow when coughing or sneezing. Provide tissues and no-touch disposal receptacles.

5. **Regular Cleaning and Sanitization:** Enforce stringent cleaning and disinfection procedures, placing particular emphasis on frequently touched surfaces, within classrooms, common areas, and restrooms. It is strongly recommended to establish a routine for disinfecting classrooms at least once per week after class hours.

6. **Good Ventilation:** Ensure classrooms are well-ventilated by opening windows and doors when possible. Proper ventilation can help reduce the concentration of airborne viruses.

7. **Education and Awareness:** Educate students, staff, and parents about flu prevention and other communicable measures. Clear communication can help reinforce the importance of these practices.

8. **Sick Leave/Stay at Home Policies:** Encourage students and personnel to stay home when they are sick for recovery and seek immediate consultation with the school clinic teacher or medical personnel. Adjust school policies to support this, such as providing options for remote learning when needed.

Enclosure 2:

REPORTING SYSTEM

Note: All schools are advised to closely monitor the health status of learners specifically the possible presence of infection. Daily health inspection shall be routinely done by the school head and health personnel, and referral of cases shall be forwarded to proper health authorities.

1. SCHOOL LEVEL

A. Adviser:

1. Notifies the School Health Coordinator and School Head of any influenza-like symptom, as well as any cluster of illness within their supervised class.
2. Performs quick assessment of students as they arrive in the morning or afternoon class for presence of influenza-like symptoms.
3. Inform one's parent/guardian if a learner is sick and isolate in an open waiting area until fetched.
4. Shifts affected students to Alternative Delivery Mode (ADM) for the duration of illness.
5. Monitors absenteeism of learner if case is sickness-related and relay complete information to the school head and/or the school clinic coordinator.

B. School Head and/or School Clinic Coordinator- designate

1. Notifies the District Nurses of any potential communicable illness and report immediately the case/s on Division Office's Disease Surveillance Group Chats (Himsog Advocates; Health Condition of learners; CHO/SDO Health Response GC) on Messenger.
2. Documents all reported cases indicating symptoms, section, onset of illness, and number of cases within the section.
3. Advises parents/guardians to bring home child if influenza-like symptoms are observed.
4. Encourages parents/ guardians to report case of child's illness to the Barangay Health Center and to the City Health Office or clinic of choice for consultation.
5. Notifies District Nurses and Schools Division Disease Surveillance Focal Person of the reportable cases/diseases within 24 hours and submits Weekly Health Status to their respective District Nurses.

2, DIVISION LEVEL:

A. Nurses:

1. Conduct school and classroom visit and perform initial assessment and evaluation as well as documentation of reported cases in schools.
2. Report to the Head of Health and Nutrition Unit and to the City Epidemiology Surveillance Unit any potential cases of communicable diseases.
3. Perform first aid treatment within the Nursing care jurisdiction and dispensing of OTC medications (or as prescribed).
4. Supervise compliance with schools' minimum health standards.
5. Manage and consolidate data from each district assignments the reported cases of communicable diseases and submit the consolidated Weekly Heath Status reports (daily for notifiable diseases) to the Schools Division Disease Surveillance Focal Person and to the Head of Health and Nutrition Unit.

Recd

43846

Republic of the Philippines
Department of Education
DAVAO REGION

January 8, 2025

REGIONAL MEMORANDUM
ESSD-2025-007

ADVISORY ON THE ALLEGED NEW EPIDEMIC IN CHINA AND REITERATION OF PROJECT SHIELD IN ALL SCHOOLS AND OFFICES

To: Schools Division Superintendents
Chief Education Supervisors of Functional Divisions

a. Attached is an Advisory from the Office of the Undersecretary of Health – Public Health Services Cluster of the Department of Health dated January 3, 2025, regarding on the alleged declaration of a state of emergency of China due to overwhelming demand on hospitals and crematorium caused by rapid increase of multiple virus including Influenza A, human metapneumovirus (hMPV), Mycoplasma pneumoniae, and COVID-19.

2. Anent to this, the Public Health Services Cluster recommends strengthening the risk communication by emphasizing on the preventive strategies to lower the risk of acquiring any respiratory diseases to alleviate public concerns and limit the spread of any respiratory infection, as follows:

a. Practice good hygiene by covering your moth when coughing and sneezing, proper handwashing technique or sanitizing often, and cleaning frequently touched surfaces;
b. Facilitate good ventilation by opening doors and/or using exhaust fans;
c. Get influenza virus vaccination; and
d. In case one has an active respiratory infection, he/she shall wear mask, stay home whenever possible, practice physical distancing as appropriate, and report symptoms to health authorities as appropriate.

3. Furthermore, this Office shall vigorously reiterate the implementation of **Project SHIELD** (**S**trategic **H**ealth **I**ntervention to **E**merging health threats thru IEC for **L**earners and educators in **D**avao Region) in schools and Offices as its proactive countermeasures on the current public health concern. School heads and their assigned health personnel shall conduct daily monitoring of health status of learners and personnel, and maintain a record on health status through **submission of reports to the Regional Office on suspected, probable, and confirmed cases of notifiable diseases through Google Sheets via** *https://bit.ly/SchoolDseSurv2024*.

4. Immediate and wide dissemination of this Memorandum is desired.

DEPARTMENT OF EDUCATION - DAVAO
RECORDS SECTION
RELEASED
Date: JAN.09, 2025
43846

REBONFAMIL R. BAGUIO
Director III
Officer-In-Charge
Office of the Regional Director

Encl.: As stated
ROE/ smtc

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

January 3, 2025

FOR : **ALL EXECUTIVE COMMITTEE MEMBERS; DIRECTORS OF BUREAUS/SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; AND ALL OTHER CONCERNED OFFICES**

FROM : **DR. GLENN MATHEW G. BAGGAO, MHA, MSN, FPSMS, FPCHA**
Undersecretary of Health
Public Health Services Cluster

SUBJECT : **Advisory on the Reported Alleged New Epidemic in China**

This is to respectfully provide information on the reported alleged new epidemic in China, for ready reference.

I. BACKGROUND

On January 1, 2025, a social media post by an X[1] *(formerly twitter)* user by the name of 'SARS-CoV-2 (Covid-19)' claimed that China allegedly declared a state of emergency due to overwhelming demand on hospitals and crematorium caused by rapid increase of multiple virus including Influenza A, human metapneumovirus (hMPV), Mycoplasma pneumoniae, and COVID-19.

Multiple news outlets online took notice of the social media post and reported an alleged new outbreak of hMPV[2] which manifests with cough, fever, nasal congestion and wheezing. Severe cases can result in bronchitis or pneumonia, particularly among infants, the elderly and immunocompromised individuals (more information on hMPV provided in Annex). Hospitals and crematoriums were reportedly being overwhelmed, and children's hospitals were reportedly experiencing a rise in cases of pneumonia.

A week prior, on December 27, 2024, the *Reuters*[3] reported that China CDC was piloting a monitoring system for Pneumonia of unknown origin to establish a dedicated system to handle unknown pathogens. Moreover, the China National Disease Control and Prevention Administration will establish a system for reporting of laboratories and CDC including verification and handling of cases.

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[1] Social Media post on X by username: SARS-CoV-2 (COVID-19) – Democratic Republic of the Congo (Accessed on January 3, 2025: https://x.com/COVID19_disease/status/1874481684122607783?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1874816841226077833%7Ctwgr%5Ef574745650c623444f8fe38bb2ef3b1ae4e1f2cf%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.ndtv.com%2Fworld-news%2Fchina-faces-new-virus-outbreak-five-years-after-covid-crisis-7385802)

[2] The nation: Cambodia issues health alert on hMPV outbreak in China, similar to flu, Covid-19 (Accessed on January 3, 2025: https://www.nationthailand.com/blogs/news/general/40044663)

[3] Reuters: China steps up monitoring of emerging respiratory diseases (Accessed on January 3, 2025: https://www.reuters.com/world/china/china-steps-up-monitoring-emerging-respiratory-diseases-2024-12-27/)

II. STATUS OF HEALTH EVENT IN CHINA AS OF JANUARY 2, 2025

On January 2, 2025, a surveillance report[4] posted by the China CDC for its National Sentinel Surveillance of Acute Respiratory Infectious Diseases covering the period of December 23 to 29, 2024 (Week 52) indicated that (via google translate):

- Most of the pathogens detected positive in respiratory tract samples of influenza-like cases in sentinel hospitals were influenza virus, hMPV, and rhinovirus. For the samples collected from hospitalized severe acute respiratory infections, most of the pathogens detected were influenza virus, Mycoplasma pneumoniae, and hMPV.
- Current acute respiratory infectious diseases showed a continuous upward trend, and the trend of infection was different between the detected causative agents:
    - Influenza is generally in the seasonal epidemic period, and the positivity rate of influenza virus has increased rapidly, among which, the positivity rate of influenza virus in influenza-like cases in outpatient and emergency departments nationwide increased by 6.2% compared to previous week; **The level of influenza activity varied between provinces, with a slight increase in the northern provinces, but still lower than the same period last year.**
    - **The positivity rate of respiratory syncytial virus (RSV) in cases aged 4 years and below and of hMPV in cases aged 14 years and below showed a fluctuating upward trend, with an increasing trend more obvious in northern provinces.**
    - The positivity rate of rhinovirus continues to decline
    - The positivity rate of Mycoplasma pneumoniae in the northern provinces continued to decline, while the infection rate of Mycoplasma pneumoniae in the southern provinces remained at a low level.
    - The adenovirus positivity rate showed a fluctuating downward trend.
    - **Other respiratory pathogens, such as the COVID-19, are at low epidemic levels.**
- The positivity rate of rhinovirus continues to decline; The positivity rate of Mycoplasma pneumoniae in the northern provinces continued to decline, while the infection rate of Mycoplasma pneumoniae in the southern provinces remained at a low level. The adenovirus positivity rate showed a fluctuating downward trend. Other respiratory pathogens, such as the novel coronavirus, are at low epidemic levels.
- The **southern provinces** include Shanghai, Jiangsu, Zhejiang, Anhui, Fujian, Jiangxi,Hubei, Hunan, Guangdong, Guangxi, Hainan, Chongqing, Sichuan, Guizhou and Yunnan. While the **northern provinces** include Beijing, Tianjin, Hebei, Shanxi, Inner Mongolia, Liaoning, Jilin, Heilongjiang, Shandong, Henan, Tibet, Shaanxi, Gansu, Qinghai, Ningxia, Xinjiang and the Xinjiang Production and Construction Corps.

III. BUSINESS ARISING

While the surveillance report posted by the China CDC provided context on the trend of acute respiratory infections under surveillance, no information was provided as to the hospital capacity and the alleged state of emergency declared in the northern provinces in response to the increasing hMPV cases. Therefore, the Philippines communicated with the WHO Western Pacific Regional Office, through its International Health Regulations Contact Point, and

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[4] China CDC: National Sentinel Surveillance of Acute Respiratory Infections Diseases (Week 52, 2024) (Accessed on January 3, 2025: Chinese Center for Disease Control and Prevention)

requested verification of the information captured through the different social media platforms and news articles.

IV. ONGOING ACTIONS AND NEXT STEPS TO BE TAKEN BY DOH:

a. Ongoing Actions and Next Steps

1. The Epidemiology Bureau continuously monitors the health event.
    a. At the global level, regular scanning of news and social media is conducted, as well as coordination with the WHO and appropriate National IHR Focal Points.
    b. The Philippine Integrated Disease Surveillance and Response (PIDSR) System can detect respiratory diseases through the following:
        i. Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance is continuously conducted nationwide as part of case-based surveillance (CBS).
        ii. Clustering of respiratory illnesses or other unusual conditions can also be detected through the Event-based Surveillance and Response (ESR).
    c. As of Morbidity Week 51, a total of 175,487 ILI cases have been reported nationally. This is 17% lower compared to the 211,764 ILI cases reported in the same period last year. ILI cases remain on a downward trend, with cases in the recent 3-4 weeks showing 13% decrease from 2 weeks prior (6,751 vs 7,729 cases). 166 cases died (CFR: 0.09%). This is 38% lower compared to the 267 ILI deaths reported in the same period in 2023 (0.13%).
    d. Of the 497 ILI samples tested from December 1-21, 2024, 45% were positive for respiratory pathogens. Of the positive samples, the top 5 pathogens detected were rhinovirus (21.9%), enterovirus (21.4%), influenza B (19.6%), RSV (18.3%), and influenza A (6.7%). Human metapneumovirus was detected in only 7 (3.1%) of the positive samples.
2. Research Institute for Tropical Medicine (RITM) has the capacity to conduct confirmatory testing for hMPV. The RITM can test up to 500 samples based on the recent inventory.
3. Bureau of Quarantine continuously implements health screening and provides health advisory at international points of entry (POE)
    a. Incoming travelers who are ill can be detected through the health assessment questions in the eTravel platform as well as the thermal scanner at the airport
4. All health facilities, including POEs, were advised to report cases with similar signs and symptoms through the Philippine Integrated Disease Surveillance and Response (PIDSR).

b. Recommendations

The Public Health Services Cluster recommends strengthening the risk communication emphasizing on the preventive strategies to lower the risk of acquiring any respiratory diseases to alleviate public concerns and limit the spread of any respiratory infection, as follows:

1. Practice good hygiene by covering your mouth when coughing and sneezing, proper handwashing technique or sanitizing often, and cleaning frequently touched surfaces.
2. Good ventilation by opening doors and/or using exhaust fans at homes
3. Influenza Virus Vaccination
4. In case of active respiratory infection,
    a. Wear Mask
    b. Staying home, whenever possible
    c. Practice physical distancing, as appropriate
    d. Report symptoms to health authorities, as appropriate

Health facilities must also ensure adequate surge capacity and logistics are prepositioned in preparation for any increase in respiratory illness consultations and admissions.

The Public Health Services Cluster will keep the Secretary and relevant stakeholders updated once new information becomes available and the outbreak has been confirmed.

ANNEX
Human Metapneumovirus Information[5,6]

Given the traction of the several social media posts and news articles regarding the alleged magnitude of hMPV in China, we would like to provide you with the following information:

- The human metapneumovirus (hMPV) was discovered in 2001 by Dutch researchers in nasopharyngeal aspirate samples from children with respiratory infections caused by unknown pathogens.
- The hMPV belongs to the Pneumoviridae family along with respiratory syncytial virus (RSV).
- The hMPV is not a new illness and is considered as a common cause of mild upper and lower respiratory tract infections in infants and children. However, more severe clinical courses, including life-threatening severe bronchiolitis and pneumonia, are possible.
- Elderly adults (>65 years old) with comorbidities such as asthma and chronic obstructive pulmonary disease (COPD) are particularly susceptible to the virus.
- HMPV is most likely spread from an infected person to others through:
    - Droplet transmission from coughing and sneezing
    - Close physical contact, such as touching or shaking hands
    - Fomites, by touching objects or surfaces that have the viruses on them then touching the mouth, nose, or eyes
- Signs and symptoms typically develop within 3 to 6 days after being exposed to the infected individual, which may include, cough, fever, runny or blocked nose, headache, shortness of breath, andTiredness
- Limited data suggests that reinfection with hMPV can occur. It is believed most children become infected early in life and adult infections represent persons becoming infected with hMPV again. Repeated infection appears to result in milder illness although serious disease is a risk for patients who are immunocompromised.
- As the illness is self-limiting, supportive treatments are given to patients depending on the presentation and severity. Generally, treatment consists of antipyretic, antihistamines, decongestants, and other means of providing comfort to the patient until the illness resolves.
- Non-human primates can become infected with human metapneumovirus, and humans are their likely source of infection demonstrating a reverse zoonosis process also known as a zooanthroponosis.
- In the Philippines, hMPV was first detected in two children (0.4%) among the 465 patients with influenza-like illness who were collected with nasopharyngeal aspirates for a study conducted between 2006 and 2007.
- In another study involving 549 adult patients with a diagnosis of community-acquired pneumonia admitted to the Eastern Visayas Regional Medical Center from May 2010 to May 2012, six (6 or 1%) tested positive for hMPV.

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[5] US CDC: About Human Metapneumovirus (Accessed on January 3, 2025: https://www.cdc.gov/human-metapneumovirus/about/index.html)

[6] Illinois Department of Public Health: Human Metapneumovirus (Accessed on January 3, 2025: http://www.idph.state.il.us/publichealth/hMPV.htm#:~:text=What%20is%20the%20incubation%20period,being%20exposed%20to%20the%20virus.)