



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2025-14

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

Subject : **INFORMATION ON HAND FOOT AND MOUTH DISEASE (HFMD)**

Date : February 28, 2025

1. Attached is the regional memorandum ESSD 2025-055 titled **DISSEMINATION ON PREVENTION OF HAND, FOOT, AND MOUTH DISEASE**. Since HFMD is common to school-age children, this Office would like to reiterate information regarding the viral infection, prevention, and control measures for the disease.
2. Relative to this, the following should be observed to protect our learners:
 - a. School Heads shall conduct daily monitoring of health status of children and personnel, and shall require learners and school personnel to seek consultation if having symptoms of the disease, and to stay at home until fully recovered.
 - b. School Heads shall ensure proper ventilation in classrooms and common spaces. Regular disinfection of high-touch surfaces like door knobs and tables is highly encouraged.
 - c. Teachers and School Health personnel are encouraged to conduct information drive on HFMD transmission, symptoms, and preventive measures. Parents and guardians are encouraged to get involved in promoting personal hygiene and early detection of symptoms.
 - d. Learners should be educated of the preventive habits such as frequent handwashing, wearing of face mask, following proper coughing/ sneezing etiquette, and limiting sharing of personal items, such as utensils, towels, and learning/ writing materials.
 - e. Incidence of cases shall be immediately reported to the School Governance and Operations Division - Health and Nutrition Unit (SGOD-HNU) for monitoring and appropriate technical assistance. Utilize the reporting and referral system by submitting probable cases and details to the CHO/SDO Health and Response group chat and/or forward cases to District Nurses for health assessment. Notify the Barangay Health Center if there are suspected or clinically diagnosed cases.
3. Immediate and wide dissemination of memorandum is desired.

JepEd Schools Division of Digos City

RECORDS SECTION

RELEASED
DATE: MAR 06 2025 TIME: 1:27 PM

MELANIE F. ESTACIO, Ph.D., CESO VI
Schools Division Superintendent

BY: _____

Enclosed: As stated.
SGOD/HNU/jbg

Address: Roxas cor. Lopez Jaena Street, Zone II, Digos City (8002)
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Republic of the Philippines
Department of Education
DAVAO REGION

SCHOOLS DIVISION OFFICE
DIRECTOR'S OFFICE
26 FEB 2025
1:32

February 20 2025

REGIONAL MEMORANDUM
ESSD-2025-055

DISSEMINATION ON PREVENTION OF HAND, FOOT AND MOUTH DISEASE

To: Schools Division Superintendents

1. Attached is the Memorandum from Dr. Dexter A. Galban, Assistant Secretary for Operations and Officer-in-Charge, Office of the Undersecretary for Operations, through the Bureau of Learner Support Services-School Health Division (BLSS-SHD), regarding the advisory on the prevention of Hand, Foot, and Mouth Disease (HFMD).

2. To ensure the health and safety of learners, teachers, and non-teaching personnel, the following preventive measures must be observed and followed:

a. Promote Proper Hygiene and Sanitation

- Encourage frequent handwashing with soap and water.
- Provide alcohol-based hand sanitizers in classrooms and common areas.
- Regularly disinfect high-touch surfaces such as doorknobs, tables, and learning materials.

b. Monitor and Report Cases

- Require learners and personnel with symptoms to stay at home until fully recovered.
- Establish a reporting system for suspected cases and coordinate with local health offices.

c. Strengthen Health Education and Awareness

- Conduct information drives on HFMD transmission, symptoms, and preventive measures.
- Involve parents and guardians in promoting personal hygiene and early detection of symptoms.

d. Implement Infection Control Protocols

- Limit the sharing of personal items such as utensils, towels, and toys.
- Ensure proper ventilation in classrooms and common areas.
- Isolate affected individuals and provide support for their recovery.

3. Enclosed with this memorandum is the Department of Health memorandum on the guidelines for the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategy for Hand, Foot, and Mouth Disease.

4. All are advised to work closely with school health personnel, local health offices, and the Department of Health (DOH) for guidance on response measures and outbreak management.

DepED



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Republic of the Philippines
Department of Education
DAVAO REGION

5. Immediate and wide dissemination of this Memorandum is requested.

ALLAN G. FARNAZO
Director IV

ROE/D4/mbm

DEPARTMENT OF EDUCATION - DAVAO
RECORDS SECTION
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By:
Date: Feb. 26, 2021
Time: 4:15 PM



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OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

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2-12-25
Time: 9:00

MEMORANDUM
OM-OUOPS-2025- . . .

FOR : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
PRINCIPALS/SCHOOL HEADS/TEACHERS-IN-CHARGE
CONCERNED
ALL OTHER CONCERNED

FROM : 
DEXTER A. GALBAN
Assistant Secretary, Office-In-Charge
Office of the Undersecretary for Operations

SUBJECT : ADVISORY ON THE PREVENTION OF HAND, FOOT AND MOUTH DISEASE

DATE : February 5, 2025

The Department of Education, through the Bureau of Learner Support Services-School Health Division (BLSS-SHD) hereby issues this Advisory on the Prevention of Hand, Foot and Mouth Disease (HFMD).

HFMD is a highly contagious viral infection that commonly affects children and is caused by enteroviruses such as Coxsackievirus. It spreads through direct contact with an infected person's saliva, nasal discharge, blister fluid, or contaminated surfaces. Symptoms include fever, sore throat, reduced appetite, and characteristic rashes or sores on the hands, feet, and mouth.

To ensure the health and safety of learners, teacher and nonteaching staff in the schools, the following preventive measures must be observed and followed:

1. **Promote Proper Hygiene and Sanitation**
 - o Encourage frequent handwashing with soap and water.
 - o Provide alcohol-based hand sanitizers in classrooms and common areas.
 - o Regularly disinfect high-touch surfaces such as doorknobs, tables, and learning materials.
2. **Monitor and Report Cases**
 - o Require learners and staff with symptoms to stay at home until fully recovered.
 - o Establish a reporting system for suspected cases and coordinate with local health offices.



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3. Strengthen Health Education and Awareness

- o Conduct information drives on HFMD transmission, symptoms, and preventive measures.
- o Involve parents and guardians in promoting personal hygiene and early detection of symptoms.

4. Implement Infection Control Protocols

- o Limit sharing of personal items such as utensils, towels, and toys.
- o Ensure proper ventilation in classrooms and common areas.
- o Isolate affected individuals and provide support for their recovery.

Schools are advised to work closely with the schools division health personnel, local health offices and the DOH for guidance on response measures and outbreak management.

For further queries regarding this concern, please contact Dr. Maria Corazon C. Dumlao and/or Dr. Mariblanca C.P. Piatos, from the BLSS-SHD at telephone no. (02) 8632-9935 or email at blss.shd@deped.gov.ph.

Your attention and adherence to this advisory is highly appreciated.





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 28, 2022

DEPARTMENT MEMORANDUM
No. 2022 - 0572

FOR: ALL UNDERSECRETARIES OF THE FIELD IMPLEMENTATION AND COORDINATION TEAMS, ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, MEDICAL CENTER CHIEFS/HEADS OF DOH HOSPITALS, AND OTHERS CONCERNED

SUBJECT: Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for Hand, Foot and Mouth Disease (HFMD)

I. BACKGROUND

Hand, foot, and mouth disease (HFMD) is a highly contagious viral disease affecting various life stages but occurs most often in childhood. Most HFMD cases are mild, self-limiting, and non-fatal if caused by the enterovirus Coxsackievirus A16 (CA16) but may progress to meningitis, encephalitis, and polio-like paralysis if left unmanaged, sometimes resulting in death, if caused by Enterovirus 71 (EV71). 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.

In 2022, reported HFMD clusters peaked in October with a total of 38 health events. As of November 27, 2022, 3,365 HFMD cases have been reported but there are no reported fatalities in the Philippines. This Department Memorandum is hereby issued to provide additional guidance on the management of HFMD in facility, community, household, and individual-based settings in addition to the guidelines available in the Omnibus Health Guidelines per Lifestage as disseminated through Department of Health (DOH) Department Circular No. 2022-0344, DOH Department Memorandum (DM) No. 2020-0097: "Guidelines on the Implementation of Hand, Foot and Mouth Disease Surveillance, Clinical Management and Preventive Measures", and its reiteration in DM No. 2022-0034.

Currently, the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy is being used to address HFMD and shall be the guiding principle in this issuance.

II. GENERAL GUIDELINES

A. Prevention

1. Perform mandatory hand washing with soap and water, and hand hygiene using alcohol-based sanitizer, in all opportunities and occasions, especially in the hospital and household settings;
2. Strengthen infection prevention and control measures in all settings;
3. Avoid sharing of personal items such as spoons, cups, and utensils;
4. Use appropriate personal protective equipment (i.e. properly fitted face mask, gloves, and gown) when caring for a patient with HFMD; and
5. Observe Minimum Public Health Standards (MPHS), especially when sneezing and coughing, as well as physical distancing.

B. Detection

1. Assess the presence of common clinical manifestations for HFMD such as fever, mouth sores, and papulovesicular skin rash, which is usually seen in the palms of the hands and soles of the feet but may also occur as maculopapular rashes without vesicles and may also involve the buttocks, arms, and legs;
2. Conduct history taking and complete physical examination, with particular attention on BP and HR measurement and neurologic examination to detect or elicit any warning sign of central and autonomic nervous system and cardiorespiratory system involvement (Annex A), which may warrant referral to a higher level of care;
3. Guidelines for public health surveillance are as follows:

i. All primary care providers, clinicians and public health authorities shall report any suspect, probable, and confirmed case within 24 hours to the DOH through the Local Epidemiology and Surveillance Units (ESU)

ii. Classify cases of HFMD following these prescribed definitions:

- *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.*
- *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.*
- *Confirmed case - A suspected/ probable case with positive laboratory result for human Enteroviruses that cause HFMD.*

iii. Local ESUs shall report clusters of all **Suspect, Probable, and Confirmed cases** of HFMD immediately to the Event-based Surveillance and Response Unit of the Epidemiology Bureau

iv. Specimen samples for laboratory confirmation shall be collected from **reported clusters** of HFMD cases

4. Laboratory confirmation of HFMD cases shall be done through Reverse Transcription Polymerase Chain Reaction (RT-PCR) of throat swab, vesicles, or stool. However, clinical diagnosis is often sufficient and the absence of a confirmatory laboratory test should not hinder the initiation of case management.
5. A completely filled out Case Report Form (Annex C) along with the specimen for laboratory confirmation shall be submitted to the Research Institute for Tropical Medicine (RITM)

C. Isolation

1. Isolate patients with HFMD following standard precautions with droplet and contact infection control procedures. HFMD is mainly transmitted through person-to-person contact, including contact with infected nose and throat secretions or respiratory droplets, infected fluid from blisters or scabs, and infected fecal material; and
2. Advise parents/guardians to ensure that children with suspect, probable, or confirmed HFMD should remain at home, avoid attending school, day-care facilities, or other face-to-face activities until the patient is already afebrile and all of his/her vesicles have dried up, and adhere to the advice of the Health Care Provider.

D. Treatment

1. Classify the patient's disease stage or severity. Patients with Uncomplicated HFMD may be managed in an out-patient setting, while more severe cases should be given emergent management and referred for admission and inpatient care in a higher level facility with specialists. The classification for disease severity may be found in Annex A.

- **For Uncomplicated HFMD:**

- i. Provide supportive treatment and prevent dehydration by ensuring appropriate fluid intake; and
- ii. Provide over-the-counter medications such as Paracetamol for fever and painful sores; and
- iii. Advise the patient and the parent/guardian to seek medical consultation immediately if symptoms persist beyond 10 days, if the condition becomes severe or is accompanied by nervous system and cardiorespiratory signs and symptoms as shown in Annex A.

- **For HFMD with CNS Involvement, Autonomic Nervous System Dysregulation, or Cardiopulmonary Failure:** provide basic emergency support and facilitate immediate referral and transfer to a hospital.

E. Reintegration

1. Individuals with uncomplicated HFMD usually recover in 7 to 10 days and can resume regular activities upon recovery. Advise them to continue practicing the Minimum Public Health Standards (e.g., mask-wearing, respiratory hygiene/cough etiquette, physical distancing, and hand washing/ hand sanitation); and
2. Advise parents/guardians to prepare the child to return to school, day-care facilities, and attend other face-to-face activities depending on the assessment and advice of the attending physician.

For dissemination and compliance.

By Authority of the Secretary of Health:

BEVERLY LORRAINE C. HO, MD, MPH
OIC-Undersecretary of Health
Public Health Services Team