



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2025- 212

To : Health and Nutrition Personnel
Digos South Public School District Supervisor
Digos South District Elementary School Heads
All Other Concerned

Subject : **REPORTED CASES OF VARICELLA ZOSTER INFECTION
(CHICKEN POX)**

Date : April 07, 2025

1. In light of the recent reported cases of Varicella Zoster Infection (chicken pox) of Remedios Saplala Elementary School and D. Abawag Elementary School, last April 02-2025.
2. In connection to the above reported cases, the identified schools are advised to disinfect the classrooms occupied with school learners diagnose with Varicella Zoster Infection (chickenpox) and advised to have blended learning Module, unfortunately this week is the Schedule of the Final examination, we recommend to vacate the room and transfer to other vacant classroom for 2 weeks to reduce transmission infectious diseases in schools.
3. Please take note of the following signs and symptoms of :
 - a. Fever
 - b. Fatigue or general malaise
 - c. Loss of appetite
 - d. Rash starting as red spots that usually appears first on the chest, back and face, then spreads to the rest of the body. They develop into fluid-filled blisters and eventually crust over.



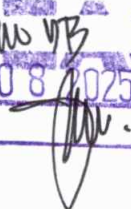
Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

4. Isolation guidelines of Varicella Zoster Infection (chicken pox), learners and teachers should be isolated for 14 days after the onset of the rash or until all lesions have crusted over and upon reporting to school they are required to present a Medical Certificate.
5. Enclosed is the Incident Report as basis of the said case and additional information on Division Memorandum SGOD No.2025-013 Guidelines on the Prevention and Control of Influenza-Like Illness and other Communicable Diseases in Schools and Offices, informing that proper hygiene, frequent hand washing, coughing etiquette should be observed and practiced to safeguard the well-being of the school and maintain a healthy learning environment.
6. For guidance and strict compliance.


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

DepEd Schools Division of Digos City
RECORDS SECTION

RELEASED
DATE: APR 08 2025 TIME: 9:59 am
BY: 

Sgod/hnu/djps



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📘 DepEd Digos City



Republic of the Philippines
Department of Education
PUBLIC AFFAIRS SERVICE

Annex A

Incident Report No. ____

INCIDENT REPORT FORM

SCHOOLS DIVISION OF DIGOS CITY

School: REMEDIO N. SAPLALA ES- DIGOS ORIENTAL DISTRICT

TYPE OF INCIDENT <i>(Specify the incident. i.e vehicular incident, harassment, personal affair, armed conflict, bullying, etc.)</i>	A Disease Cluster of 10 cases of learners in RNSES suspected with Varicella Zoster Virus (Chicken Pox)
DATE OF INCIDENT	April 2, 2025
TIME OF INCIDENT	1 PM
PLACE/EXACT LOCATION OF INCIDENT	REMEDIO N, SAPLALA ES, Brgy Matti, Digos City
PERSONS INVOLVED AND THEIR SPECIFIC PARTICIPATION <i>(Indicate full name, age, gender, position/designation/ grade level. Involvement in the incident. Name of minors should be withheld; use of alias is suggested.)</i>	<ul style="list-style-type: none">- Seven (7) Grade 3 Section Sultan Kudarat learners showed symptoms and/or clinically diagnosed with Chicken Pox- One (1) from Grade 3 Sec. del Pilar, 1 from Grade 3 Sec. Aguinaldo, and 1 from Grade 4 sec. Melchora
DESCRIPTION/ DETAILS OF THE INCIDENT <i>(Describe/ narrate how the incident happened, sustained figures, damages incurred, emotional state of the involved persons, and impact on the school/workplace/community</i>	<p>1PM of April 2nd, Mr. Joel Gomito, a nurse assigned in Digos Oriental District was tasked to visit school of RNSES for the disease surveillance in relation to the report of 5 varicella cases between March 24 to 28.</p> <p>Three (3) of the reported cases were from the same grade level and section, Grade 3 -Sultan Kudarat.</p> <p>Prior to the conduct of investigation, the School Health and Nutrition Section coordinated the task with the School Principal Ma'am Marilyn Salboro and their School Clinic Coordinator Judith Torres, RN. During the visit, it was found out that there were additional 4 that manifested same symptoms on the same said section/class but were contained or on home quarantine for the onsets of their symptoms were apparent during the weekend. Same with the cases</p>

	<p>reported a week prior, they have not attended school the following week and advised to stay home for 14 days (from start of symptoms) until recovered.</p> <p>Incubation period of varicella may range from 10-21 days. Upon assessment of the incident, a possible index case from section Sultan Kudarat (with onset of symptoms started on March 5) may have contracted the others in their class.</p> <p>2 to 3PM, Mr. Gomito rendered health teachings to classrooms, and relayed outcome of investigation to the school principal.</p> <p>4PM- reported the outcome of assessment to the Medical Officer of SDO.</p> <p>On April 3, 1 case was added on the list. A Grade 3 learner from section del Pilar.</p> <p>April 4- Medical Officer Dr. Micah Fuentes, together with the Division Nurse Daissy Sanoy, visited the RNES for Ok Sa DepEd monitoring of the implemented programs in schools. They also reassessed the reported cluster case, and gave their recommendations. Division Memorandum of HNU recommendations and resolutions is to follow.</p> <p>A total of 10 learners with chicken pox were documented. Two of which are siblings.</p> <p>April 5- Kristin Marie Bejarin, RN compiled and validated the cases.</p> <p>The list of names and details were submitted to the City Epidemiology Surveillance Unit thru the City Health Office's Disease Surveillance Officer and focal person. The PSDS of Digos South District Ma'am Cherry Oliva was also informed of the incident.</p>
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<p>ACTIONS TAKEN (State the responses/initial actions taken, decisions made, or implemented by the school authorities or immediate supervisors)</p>	<p>-Informed school principal and PSDS of the incident and visited classrooms and surroundings.</p> <p>- Assessed the rooms with cases and rendered technical assistance and health teachings to teachers and learners.</p> <p>-Conducted investigation, gathered data during interviews, and documented.</p> <p>-Advised clients' guardians/parents of learners to report case to their respective Brgy health Centers, and to secure medical clearances prior to reattending their classes. Visiting the CHO for RT PCR for confirmatory test is also encouraged.</p> <p>-Reported cases to the Medical Officer of SDO, City Health Office, CESU, and to the RO XI School Disease Surveillance (EREID/PHERA).</p>
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**FOLLOW UP
RECOMMENDATIONS**

(State suggestions that the other concerned DepEd Officials/Offices must consider or must do to respond to the situation fully)

1. Exclusion from School:

Learners having fever, much more accompanied by rashes and/ or flu-like symptoms should not attend their classes. Those with chickenpox should be excluded from school until all lesions have scabbed over. Should not attend school and should be on home quarantine for 14 days. Should report case to the Brgy Health Center in order to secure medical clearance after 2 weeks.

Infectious Period: It's important to note that children are contagious even before the rash appears, so early exclusion is crucial.

2. Notification and Information:

Inform Parents:

School authorities should notify parents, especially those of immunosuppressed children, about the presence of chickenpox in the classroom or school.

Provide Information:

Parents should be informed about the incubation period of varicella-zoster virus (VZV), how to detect early signs, and how to prevent the spread of the virus.

Prompt Reporting:

Schools should report to their respective district nurses and to the Brgy Health Center the notifiable diseases. Within 24-hr period for Category 1, and within a week for cases under category 2.

3. Outbreak Control:


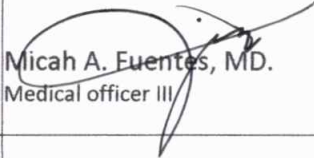
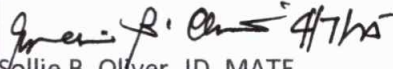
If a chickenpox outbreak is identified, implement measures and consider temporary class suspension to reduce contact

4. General Hygiene and Precautions:

Avoid Contact:

Individuals with chickenpox should avoid contact with susceptible individuals, such as pregnant women, newborns, and immunocompromised persons, until all lesions have crusted.

Hand Hygiene and coughing etiquette: Use a tissue to cover your mouth and nose when coughing or sneezing. Throw used tissues in the trash immediately. Try to avoid touching your eyes, nose, and mouth with unwashed hands.

	Emphasize the importance of frequent handwashing to prevent the spread of the virus.
PREPARED BY	 Joel B. Gomito, RN Nurse II- Division Disease Surveillance Focal Person
DATE PREPARED	04/07/25
RECEIVED AND REVIEWED BY	 Micah A. Fuentes, MD. Medical officer III
DATE AND TIME RECEIVED	
NOTED BY	 Sollie B. Oliver, JD, MATE Chief ES -SGOD



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

REPORTED CASES OF CHICKENPOX IN REMEDIOS N. SAPLALA ES


Period of: March 3-April 3, 2025

Date (start) of Illness	Name	Age/Gender	Address	Grade and Section	Remarks
March 3, 2025	CABONILAS, Princess Lovely Joy	8/F	Upper Matti, Digos City	3- Sultan Kudarat	<i>Recovered, Secured medical certificate</i>
March 25, 2025	GATCHALIAN, Sheena V.	8/F	Matti, Purok 2, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 25, 2025	LABRA, Mark Danielle N.	8/M	Canaha, Matti, Digos City	3-Emilio Aguinaldo	<i>On home quarantine</i>
March 26, 2025	RAMIREZ, Kesha Love	8/F	Isla Bato, Matti, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 27, 2025	CALVO, Venice Johnaine D.	8/F	Bliss, Matti, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 28, 2025	PADILLO, Cheirly	8/F	Colonan, Matti, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 30, 2025	ALIS, Michael Angelo	9/M	Purok 2, Matti, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 31, 2025	DELOS SANTOS, Ellie Madison E.	9/F	Purok-5, Matti, Digos City	3-Sultan Kudarat	<i>On home quarantine</i>
March 31, 2025	DELOS SANTOS, Jamila Jana E	10/F	Purok-5, Matti, Digos City	4-Melchora Aquino	<i>On home quarantine</i>
April 3, 2025	SARMIENTO, Wengielyn	10/F	Purok-5, Matti, Digos City	3- Gregorio del Pilar	<i>On home quarantine</i>

Prepared by: .


Kristin Marie Y. Bejarin
Nurse II

Noted by:


Micah A. Fuentes MD
Medical Officer III
Head-HNU



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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** (Strategic Health Intervention to Emerging health threats thru IEC for Learners and educators in Davao 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/SchoolDseSure2024>.

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

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



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

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.



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

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 Health 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 mouth 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** (Strategic Health Intervention to Emerging health threats thru IEC for Learners and educators in Davao 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.

REBONFAMIL R. BAGUIO

Director III

Officer-In-Charge

Office of the Regional Director

Encl.: As stated
ROE/smtc

JAN. 09, 2025
43846



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On January 2, 2025, a surveillance report⁴ 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):

- ### III. BUSINESS ARISING

⁴ China CDC National Sentinel Surveillance of Acute Respiratory Infectious Diseases (Week 52, 2024) [Accessed on January 3, 2025].

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 (PIDSRS) 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 (PIDSRS).

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, and Tiredness
- 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.

⁵ US CDC: About Human Metapneumovirus (Accessed on January 3, 2025).

⁶ <https://www.cdc.gov/media/releases/2022/s0103-hmpv.html>

⁷ Illinois Department of Public Health: Human Metapneumovirus (Accessed on January 3, 2025).

⁸ <https://www.idph.state.il.us/IDPH/communicable-diseases/human-metapneumovirus.html>