



Republic of the Philippines  
**Department of Education**  
REGION OFFICE VIII  
DIVISION OF CALBAYOG CITY


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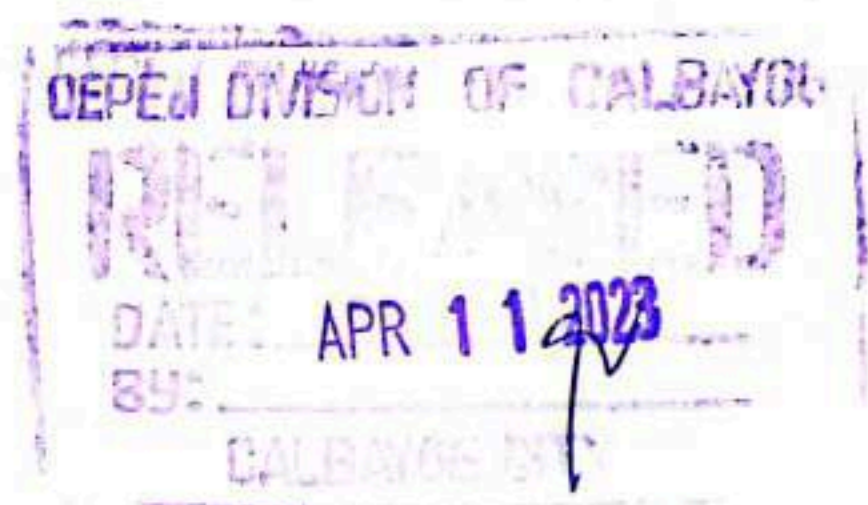
**MEMORANDUM**

DM-OSGOD-HNU No. 134 S. 2022

**TO:** Public School District Supervisor  
Public Elementary & Secondary School Heads  
All others concerned

**FROM:** **MOISES D. LABIAN JR. PhD, CESO VI**  
Assistant Schools Division Superintendent  
Officer In-Charge  
Office of the Schools Division Superintendent

  
**EDITA S. CANO**  
Administrative Officer V  
Office In-Charge



**SUBJECT: EARLY PREVENTION, DETECTION, ISOLATION AND TREATMENT OF HAND, FOOT AND MOUTH DISEASE**

**DATE: April 11, 2023**

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1. Attached is a letter from Dr. Ma. Teresa N. Caidic, OIC-Local Health System Support Division Chief with program **Advisory No. 010** to be disseminated to the District Supervisor, Principal, Teachers and learners for their information and appropriate action.
2. Immediate dissemination of this memorandum to all concerned are desired.

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.

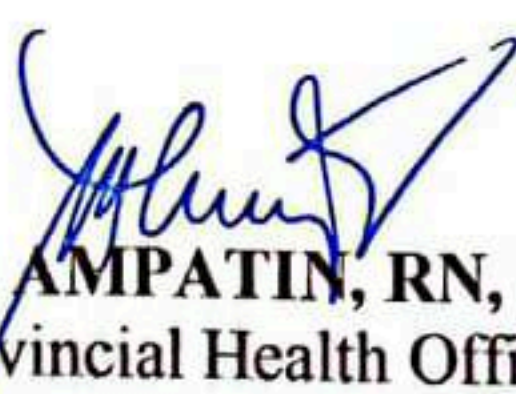


## ENDORSEMENT

April 3, 2023



Respectfully endorsing to *Dr. Moises D. Labian Jr., CESO VI*, Calbayog City Division Superintendent, Department of Education, the herein letter of *Dr. Ma. Teresa N. Caidic, MPH*, OIC- Local Health System Support Division Chief, dated March 14, 2023, duly received by this office today April 3, 2023 anent the *Early Prevention, Detection, Isolation, and Treatment of Hand, Foot and Mouth Disease*, to be disseminated to the District Supervisors, Principals, School Physician and School Nurses, for their information and appropriate action.

  
**MADELEINE H. AMPATIN, RN, MAN, DM**  
OIC – Provincial Health Officer

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Provincial Health Office Telephone No.: 055 – 544- 3303

**Innovate. Initiate. Integrate.**

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.

2. 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.



March 14, 2023

PROGRAM ADVISORY NO. 010

**TO :** DIVISION SUPERINTENDENT, DISTRICT SUPERVISORS, PRINCIPALS,  
SCHOOL NURSES

**FROM :** EMERGING AND RE-EMERGING INFECTIOUS DISEASES

**SUBJECT :** EARLY PREVENTION, DETECTION, ISOLATION AND TREATMENT  
OF HAND, FOOT AND MOUTH DISEASE

**DATE:** : MARCH 14, 2023

A total of 116 suspected HFMD cases reported for morbidity weeks 1-8 (Jan. 1-Feb 25, 2023), with zero death. This is 427% higher compared to the same period of last year (22 cases). The province of Leyte posted with most reported number of cases based on the latest situational report of the Regional Epidemiology and Surveillance Unit (RESU).

**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).

**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. Guidelines for public health surveillance are as follows:  
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.

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.

2. 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.



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### 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.
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.

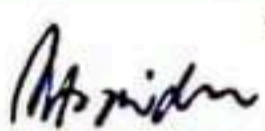
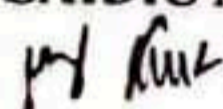
### D. Treatment

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**.

**DOH Eastern Visayas Center for Health Development** strongly advises individuals to continue practicing the Minimum Public Health Standards (e.g., mask-wearing, respiratory hygiene/cough etiquette, physical distancing, and hand washing/hand sanitation); and 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 further inquiries, you may contact the EREID Program Staff, Ms. Reynalen R. Resma at 0915-813-5927.

For your information and guidance.

  
**MA. TERESA N. CAIDIC MD, MPH**  
OIC-LHSD Chief 





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#### ANNEX A. WHO Warning Signs for CNS Involvement in HFMD

Warning signs of CNS involvement includes one or more of the following:	
Fever $\geq 39^{\circ}\text{C}$ or for $\geq 48$ hours	Limb weakness
Vomiting	Truncal ataxia
Lethargy	"Wandering eyes"
Agitation/irritability	Dyspnea/tachypnea
Myoclonic jerks	Mottled skin

#### ANNEX B. WHO Classification for Disease Severity in HFMD

Classification	Criteria
Uncomplicated HFMD	Patients with no warning signs AND any of the following: <ul style="list-style-type: none"> <li>• Skin rash</li> <li>• Oral Ulcers</li> </ul>
HFMD with CNS Involvement	Patients with HFMD AND any of the following: <ul style="list-style-type: none"> <li>• Meningism</li> <li>• Myoclonic jerks</li> <li>• Ataxia, tremors</li> <li>• Lethargy</li> <li>• Limb weakness</li> </ul>
HFMD with Autonomic Nervous System (ANS) Dysregulation	Patients with CNS involvement AND any of the following: <ul style="list-style-type: none"> <li>• Resting Heart Rate at 150-170 bpm</li> <li>• Hypertension</li> <li>• Profuse Sweating</li> <li>• Respiratory Abnormalities (Tachypnea, Labored breathing)</li> </ul>
HFMD with Cardiopulmonary Failure	Patients with ANS Dysregulation AND any of the following: <ul style="list-style-type: none"> <li>• Hypotension/ Shock</li> <li>• Pulmonary edema/ hemorrhage</li> <li>• Heart Failure</li> </ul>







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**ANNEX C. PIDSR Case Report Form for Hand, Foot and Mouth Disease and Severe Enteroviral Disease**

 Philippine Integrated Disease Surveillance and Response		Case Report Form				
<p><b>Hand, Foot and Mouth Disease and Severe Enteroviral Disease</b></p>						
Name of DRU Address			Type <input type="checkbox"/> DRMU <input type="checkbox"/> CHO <input type="checkbox"/> Govt Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Govt Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport			
<b>I. PATIENT INFORMATION</b>						
Patient Number		Patient's First Name		Middle Name	Last Name	
Complete Address				Date of Birth mm/dd/yy	Age <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
District		RMZ		<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex	
Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N		Date Admitted Seen/Consult	Date Onset of Illness	Contact Nos	Date of investigation	
Name of investigator/s		Contact Nos				
<b>II. CLINICAL INFORMATION</b>						
Fever <input type="checkbox"/> Y <input type="checkbox"/> N Date onset ___/___/___		Other signs/symptoms (please tick) <input type="checkbox"/> Poor/loss of appetite <input type="checkbox"/> Body malaise <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea & vomiting <input type="checkbox"/> Difficulty of breathing <input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Meningeal irritation Others specify _____		Are there any complications? <input type="checkbox"/> Y <input type="checkbox"/> N If YES specify _____		
Rash <input type="checkbox"/> Y <input type="checkbox"/> N Date onset ___/___/___ <input type="checkbox"/> palms <input type="checkbox"/> fingers <input type="checkbox"/> soles of feet <input type="checkbox"/> buttocks <input type="checkbox"/> Mouth ulcers Painful? <input type="checkbox"/> Y <input type="checkbox"/> N Characteristic <input type="checkbox"/> macropapular <input type="checkbox"/> papulovesicular		Working/Final Diagnosis				
<b>III. EXPOSURE HISTORY</b>						
Is there a history of travel within 12 weeks to an area with ongoing epidemic of HFMD or EV Disease?					<input type="checkbox"/> Y <input type="checkbox"/> N	
Are there other known cases in the community?					<input type="checkbox"/> Y <input type="checkbox"/> N	
Where did exposure probably occur?						
<input type="checkbox"/> Day care		<input type="checkbox"/> Community		<input type="checkbox"/> School	<input type="checkbox"/> Dormitory	
<input type="checkbox"/> Home		<input type="checkbox"/> Health Care Facilities		<input type="checkbox"/> Others, specify _____		
<b>IV. LABORATORY TESTS</b>						
Specimen	If YES, Date Collected	Date sent to RITM	Date received at RITM	Result Positive Negative Not Done	Specify organism	Date of result
<input type="checkbox"/> Throat swab	___/___/___	___/___/___	___/___/___			___/___/___
<input type="checkbox"/> Vesicle swab	___/___/___	___/___/___	___/___/___			___/___/___
<input type="checkbox"/> Rectal swab	___/___/___	___/___/___	___/___/___			___/___/___
<input type="checkbox"/> Stool	___/___/___	___/___/___	___/___/___			___/___/___
<b>V. CLASSIFICATION</b>			<b>VI. OUTCOME</b>			
<input type="checkbox"/> Suspected case of HFMD		<input type="checkbox"/> Suspected case of Severe Enteroviral Disease		<input type="checkbox"/> Alive		
<input type="checkbox"/> Probable case of HFMD		<input type="checkbox"/> Confirmed case of Severe Enteroviral Disease		<input type="checkbox"/> Died		
<input type="checkbox"/> Confirmed case of HFMD		Date died ___/___/___				