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Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF PANABO CITY

Office of the Schools Division Superintendent

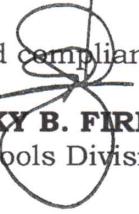
March 13, 2024

Division Memorandum
No. 0079 s. 2024

DISSEMINATION ON PREVENTION OF HAND, FOOT AND MOUTH DISEASE

To: Assistant Schools Division Superintendent
Chief of the Schools Governance and Operations Division (SGOD)
Chief of the Curriculum Implementation Division (CID)
All Elementary and Secondary School Heads / Principals
All Concerned

1. Attached is Regional Memorandum ESSD-2025-055 and a Memorandum from D. Dexter A. Galvan, 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) re: "Dissemination of Prevention of Hand, Foot and Mouth Disease."
2. To ensure health and safety of learners, teachers and non-teaching personnel the following preventive measures must be observed and followed:
 - Promote Proper Hygiene and Sanitation
 - Monitor and Report Cases
 - Strengthen Health Education and Awareness
 - Implement Infection Control Protocols
3. Further, enclosed is memorandum is the Department of Health Memorandum on the guidelines for the Prevention, Detection, Isolation, Treatment and Re-integration (PIDTR) strategy for Hand, Foot and Mouth Disease for your reference.
4. In this, all Schools are directed to report on a weekly basis any cases that may occur. Likewise immediate reporting of notifiable disease through the SDO-Disease Surveillance Dashboard should be observed.
5. For your guidance and compliance.


JINKY B. FIRMAN PhD, CESO VI
Schools Division Superintendent

RELEASED

MAR 13 2025

RECORDS SECTION SDO PANABO CITY

BY 



12/01/2024 WJS
Republic of the Philippines
Department of Education
DAVAO REGION

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.



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Website: www.depedroxi.ph





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 RUM
RECORDS SECTION
RELEASED
BY: *[Signature]* TIME: *Feb. 26, 2025*
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REPUBLICA NG PILIPINAS
KABAGAN SA EDUKASYON
REPUBLIC OF THE PHILIPPINES
Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

DEPARTMENT OF EDUCATION ROX

RECORDS SECTION

RECEIVED

By: 2-19-26 Time: 9:00 AM

MEMORANDUM

OM-OUOPS-2025

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

FROM : **DEXTER A. GALBAN** *[Signature]* *2/19/25*
Assistant Secretary, Officer-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:

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

3. 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.

4. Implement Infection Control Protocols

- Limit 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.

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. Dumla 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 I.

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

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 ≥ 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"> • Skin rash • Oral Ulcers
HFMD with CNS Involvement	Patients with HFMD AND any of the following: <ul style="list-style-type: none"> • Meningism • Myoclonic jerks • Ataxia, tremors • Lethargy • Limb weakness
HFMD with Autonomic Nervous System (ANS) Dysregulation	Patients with CNS involvement AND any of the following: <ul style="list-style-type: none"> • Resting Heart Rate at 150-170 bpm • Hypertension • Profuse Sweating • Respiratory Abnormalities (Tachypnea, Labored breathing)
HFMD with Cardiopulmonary Failure	Patients with ANS Dysregulation AND any of the following: <ul style="list-style-type: none"> • Hypotension/ Shock • Pulmonary edema/ hemorrhage • Heart Failure

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

 Philippine Integrated Disease Surveillance and Response		Case Report Form										
Hand, Foot and Mouth Disease and Severe Enteroviral Disease												
Name of DRU:				Type: <input type="checkbox"/> RRU <input type="checkbox"/> OCHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport								
I. PATIENT INFORMATION												
Patient Number			Patient's First Name			Middle Name		Last Name				
Complete Address												
District _____ PHZ _____												
Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N			Date Admitted/Seen/Consult		MM	DD	YY	Date Onset of Disease		MM	DD	YY
Date of Investigation:		MM	DD	YY	Name of investigator				Contact No. _____			
II. CLINICAL INFORMATION												
Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: _____			Other signs/symptoms (please tick)			Are there any complications?						
Rash: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: _____			<input type="checkbox"/> 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 <input type="checkbox"/> Others, specify: _____			<input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify: _____						
Opals: <input type="checkbox"/> Blisters									Working/Final Diagnosis			
Circles of feet: <input type="checkbox"/> Blisters												
Mouth ulcers: <input type="checkbox"/> Yes												
Papul: <input type="checkbox"/> Y <input type="checkbox"/> N Characteristic: <input type="checkbox"/> maculopapular <input type="checkbox"/> papulovesicular												
III. EXPOSURE HISTORY												
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"/> HealthCare Facilities <input type="checkbox"/> Others, specify: _____												
IV. LABORATORY TESTS												
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	_____	_____	_____	_____	_____	_____						
V. CLASSIFICATION				VI. OUTCOME								
<input type="checkbox"/> Suspected case of HFMD	<input type="checkbox"/> Suspected case of Severe Enteroviral Disease			<input type="checkbox"/> Alive		<input type="checkbox"/> Died						
<input type="checkbox"/> Probable case of HFMD	<input type="checkbox"/> Confirmed case of Severe Enteroviral Disease			Date died: _____								
<input type="checkbox"/> Confirmed case of HFMD												

Case Report Form
Hand, Foot and Mouth Disease and Severe Enterovirus Disease

CASE DEFINITION/CLASSIFICATION:

Suspected case of HFMD: Any individual, regardless of age, who develops acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesions/vulves in the mouth.

Probable case of HFMD: A suspected case that has not been confirmed by a laboratory, but is geographically and temporally related to a laboratory-confirmed case.

Confirmed case of HFMD: A suspected case with positive laboratory result for Human Enteroviruses that cause HFMD.

Suspected case of Severe Enteroviral Disease: Any child less than ten (10) years of age: with fever plus **any** severe sign and symptoms referable to central nervous system involvement, autonomic nervous system dysregulation or cardiopulmonary failure;

OR a suspect or probable HFMD case with complications

OR who died <48hours after presenting with fever and CNS involvement;

Confirmed case of Severe Enteroviral Disease: A suspected Severe Enteroviral Disease that has positive laboratory results for Enteroviruses

COMPLICATIONS ASSOCIATED WITH HFMD AND SEVERE ENTEROVIRUS DISEASE:

Aseptic Meningitis	Febrile illness with headache, vomiting and meningism associated with of more than 5-10 white cells per cubic millimeter in cerebrospinal (CSF) fluid, and negative results on CSF bacterial culture.
Brainstem encephalitis	Myoclonus, ataxia, nystagmus, oculomotor palsies, and bulbar palsies in various combinations, with or without MRI. In resource-limited settings, the diagnosis of brainstem encephalitis can be made in children with frequent myoclonic jerks and CSF pleocytosis
Encephalitis	Impaired consciousness, including lethargy, drowsiness or coma, or seizures or myoclonus.
Encephalomyelitis	Acute onset of hyporeflexic flaccid muscle weakness with myoclonus, ataxia, nystagmus, oculomotor palsies and bulbar palsies in various combinations.
Acute Flaccid Paralysis	Acute onset of flaccid muscle weakness and lack of reflexes.
Autonomic Nervous System (ANS) dysregulation	Presence of cold sweating, mottled skin, tachycardia, tachypnoea, and hypertension
Pulmonary oedema/haemorrhage	Respiratory distress with tachycardia, tachypnoea, rales, and pink frothy secretion that develops after ANS dysregulation, together with a chest radiograph that shows bilateral pulmonary infiltrates without cardiomegaly.
Cardiorespiratory failure	Cardiorespiratory failure is defined by the presence of tachycardia, respiratory distress, pulmonary oedema, poor peripheral perfusion requiring inotropes, pulmonary congestion on chest radiography and reduced cardiac contractility on echocardiography.

ANNEX D. References

- **Centers for Disease Control and Prevention: Hand, Foot and Mouth Disease**
Link: <https://www.cdc.gov/hand-foot-mouth/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.chp.gov.hk/files/pdf/management_of_hfmd_in_health_care_settings_r.pdf
- **World Health Organization - Western Pacific Region: A Guide to Clinical Management and Public Health Response for Hand, Foot and Mouth Disease**
Link:
https://apps.who.int/iris/bitstream/handle/10665/207490/9789290615255_eng.pdf?sequence=1&isAllowed=y