Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division Superintendent

FEB 24 2025

MEMORANDUM

ADVISORY ON THE PREVENTION OF HAND, FOOT AND MOUTH DISEASE

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
OIC-Chief Education Supervisor, School Governance and Operations Division
Public Elementary and Secondary School Heads/OICs
All Others Concerned

1. Attached is Regional Memorandum No.159, s. 2025, dated February 14, 2025, the contents of which are self-explanatory, for the information and guidance of all concerned.

2. Particular attention is invited to the second item relative to the preventive measures to be observed and followed by the schools.

3. HFMD cases among learners and personnel should be reported weekly to the Health and Nutrition Section using the attached form.

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

VIOLETA M. GONZALES
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Enclosure: As stated
References: REGIONAL MEMORANDUM NO. 159, S. 2025
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATION HEALTH EDUCATION SCHOOLS

MML / DM – ADVISORY ON THE PREVENTION OF HAND, FOOT AND MOUTH DISEASE
081 / February 19, 2025

UN-2025-081

081

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SDO-Muntinlupa
School
SY. 2024-2025

HAND, FOOT AND MOUTH DISEASE REPORT

JUNE

School	HFMD (+)										No. of patients died	Remarks
	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		
												Name of Patient *Age:* *Grade:* *Deatails if hospitalized:*

Prepared by:

_____
Nurse II

Noted:

_____
School Head

Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

DEPARTMENT OF EDUCATION
RELEASED
RECORDS SECTION REGIONAL OFFICE-NCR
FEB 19 2025
BY: TIME:

February 14, 2025

REGIONAL MEMORANDUM
No. 159 ,s. 2025

To: **Schools Division Superintendents**
Principals/School Heads/Teachers-In-Charge
All Other Concerned Staff

ADVISORY ON THE PREVENTION OF HAND, FOOT AND MOUTH DISEASE

1. Relative to the Unnumbered Memorandum dated February 05, 2025 signed by Asec. Dexter A. Galban, Assistant Secretary, Officer-In-Charge, Office of the Assistant Secretary for Operations, this Office, through the School Health and Nutrition Unit of the Education Support Services Division, hereby disseminates the Advisory for the Prevention of Hand, Foot and Mouth Disease (HFMD).

2. To ensure the health and safety of learners, teachers and non-teaching staff in the schools, the following preventive measures must be observed and followed:
   a. Promote proper hygiene and sanitation;
   b. Monitor and report cases;
   c. Strengthen Health Education and Awareness;
   d. Implement Infection Control Protocols.

3. 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.

4. For inquiries, please contact Dr. Connie P. Gepanayao, MD, FPPS, Medical Officer IV/Head of SHNU at email address hnu.ncr@deped.gov.ph.

5. Immediate dissemination of and compliance with this memorandum is desired.

JOCELYN DR ANDAYA
Regional Director, NCR
Concurrent Officer-In-Charge, Office of the
Assistant Secretary for Operations

Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

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, Officer-In-Charge,
Office of the Undersecretary for Operations

2/11/25

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**
   - 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.
2. **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. 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 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 ≥ 39°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: • Skin rash • Oral Ulcers
HFMD with CNS Involvement	Patients with **HFMD AND** any of the following: • Meningism • Myoclonic jerks • Ataxia, tremors • Lethargy • Limb weakness
HFMD with Autonomic Nervous System (ANS) Dysregulation	Patients with **CNS involvement AND** any of the following: • 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: • Hypotension/ Shock • Pulmonary edema/ hemorrhage • Heart Failure

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

Hand, Foot and Mouth Disease and Severe Enteroviral Disease

Name of DRU:

Address:

Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic ☐Gov't Laboratory ☐Private Laboratory ☐Airport/Seaport

I. PATIENT INFORMATION

Patient Number	Patient's First Name	Middle Name	Last Name

Complete Address	Date of Birth mm/dd/yy	Age	Sex
District: RHU:	___/___/___	☐ Days ☐ Month ☐ Years	☐ Male ☐ Female

Patient admitted? ☐Y ☐N | Date Admitted/ Seen/Consult: ___ ___ ___ | Date Onset of Illness: ___ ___ ___

Date of Investigation: ___ ___ ___ | Name of investigator/s: | Contact Nos.:

II. CLINICAL INFORMATION

Fever: ☐Y ☐N
Date onset: ___/___/___
Rash: ☐Y ☐N
Date onset: ___/___/___
☐palms ☐fingers
☐soles of feet ☐Buttocks
☐Mouth ulcers
Painful? ☐Y ☐N
Characteristic:
☐ maculopapular ☐ papulovesicular

Other signs/symptoms (please tick)
☐ Poor/loss of appetite
☐ Body malaise
☐ Sore throat
☐ Nausea & vomiting
☐ Difficulty of breathing
☐ Acute Flaccid Paralysis
☐ Meningeal irritation
Others, specify: _____

Are there any complications?
☐Y ☐N
If YES, specify: _____

Working/Final Diagnosis

III. EXPOSURE HISTORY

Is there a history of travel within 12 weeks to an area with ongoing epidemic of HFMD or EV Disease? ☐ Y ☐ N

Are there other known cases in the community? ☐ Y ☐ N

Where did exposure probably occur?

☐Day care ☐Community ☐School ☐Dormitory
☐Home ☐HealthCare Facilities ☐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
☐Throat swab	___/___/___	___/___/___	___/___/___			___/___/___
☐Vesicle swab	___/___/___	___/___/___	___/___/___			___/___/___
☐Rectal swab	___/___/___	___/___/___	___/___/___			___/___/___
☐ Stool	___/___/___	___/___/___	___/___/___			___/___/___

V. CLASSIFICATION

☐Suspected case of HFMD
☐ Suspected case of Severe Enteroviral Disease
☐Probable case of HFMD
☐Confirmed case of Severe Enteroviral Disease
☐Confirmed case of HFMD

VI. OUTCOME

☐ Alive ☐ Died
Date died: ___/___/___

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 develop acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers 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 signs 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 that 5-10 white cells per cubic millimeter in cerebrospinal (CSF) fluid, and negative results on CSF bacterial culture.
Brainstem encephalitis	Myodonus, ataxia, nystagmus, oculomotor palsies, and bulberpalsy 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 palsy 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, tachypnea, and hypertension
Pulmonary oedema/haemorrhage	Respiratory distress with tachycardia, tachypnea, 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 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