Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 18, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0357

FOR: **ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES AND OTHER CONCERNED**

SUBJECT: **Guidance in Anticipation of Possible Increase in Cases of Infectious Diseases During the Rainy Season Amidst COVID-19**

I. BACKGROUND AND RATIONALE

Influenza season in the country has 2 peaks based from epidemiological data and analysis. These are in July and October, and usually the first peak coincides with the start of the rainy season in the Philippines. From the increased heat and high humidity in summer to transition to the wet and damp rainy season, people contract the annual seasonal Influenza virus and present as flu like cough and colds. Dengue in the Philippines is now endemic and all year round but presents with more number of cases at the start of the rainy season. There will be water puddles and stagnant water which increases the likelihood of good habitat for the mosquitoes harboring the Dengue virus.

Likewise, leptospirosis can have increased number of new cases when small puddles of stagnant water appear. The first floods are the dangerous ones for it may contain most of the contaminants and Leptospira from dried urine from infected animals. They are carried into the flood water or stagnant water, hence people get exposed easily to the Leptospira bacteria. Food and Waterborne Diseases are also with increased cases since heavy rains may result to flooding which contaminates the drinking water facilities and sources. The interruption of safe water and sanitary sources forces people to access alternative sources which may be contaminated and may cause either Acute Gastroenteritis, Cholera, Typhoid fever, Hepatitis A, Dysenteries and Amoebiais.

Amidst the COVID-19 Pandemic containment and mitigation efforts, the Department of Health is issuing this guidance to all the Centers for Health Development (CHDs) on the different infectious diseases that may affect the people during the upcoming rainy season. There is an early onset of the rainy season this mid-May 2020 and CHDs and LGUs with corresponding health facilities should start preparing and be ready with contingency measures for Influenza, Dengue, Leptospirosis and Food and Waterborne Diarrhea on top of the COVID 19.

II. GENERAL GUIDELINES

A. Ensure availability of technical guidelines, tools, medicines, supplies and equipment needed to manage infectious diseases during the rainy season.
B. Conduct inventory of commodities and medicines at all levels and preposition accordingly.
C. Promote personal and hand hygiene in all settings, on all occasions to reduce transmission from contact with blood and fluids, respiratory secretions, and food borne.
D. Reassess environmental sanitation, checking for working toilets, adequate and clean water supply to households, drains and sewers with clean and open environment.
E. Reiterate vector control (rats, mosquitoes) measures in communities.
F. Disseminate health promotion materials and advisories to the CHDs and LGUs.
G. The whole of government approach shall be adopted once outbreak/surge occurs.

III. SPECIFIC GUIDELINES

A. Influenza

1. Non pharmaceutical interventions (NPIs) are still the mainstay for the promotive and preventive strategies against influenza infection. This includes handwashing, cough etiquette, cleaning and disinfecting touch surfaces, appropriate personal protective equipment (e.g. masks, coverall, gloves and gowns).
2. Annual flu vaccination is recommended and type of vaccine depends on region and country. The DOH provides for the quadrivalent influenza vaccine for the elderly population only (60 years and above).
3. Oseltamivir capsules shall be prepositioned in health facilities for easy access of patients and suspects. It provides positive effect in shortening the infection period and producing milder symptoms. The dosage and timing is crucial for it to give its maximum benefit.
4. For COVID-19 and Influenza - similarities and differences. (Annex B)

B. Dengue

1. Continue the advocacies and implementation of the Enhanced 4S-Strategies.
    a. Refer to Administrative Order No. 2018-0021: *"Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy against Dengue, Chikungunya and Zika"* for guidance.
    b. Strengthen and integrate the strategies of the Department of Health, the use of the checklists in the Department Memorandum No. 2019-0315: *"National Dengue Epidemic"* is recommended to serve as guide during monitoring.
2. Intensify vector surveillance activities
    a. Identify major breeding sites (Search and Destroy mosquito breeding Sites).
    b. Monitor high-risk areas based on vector population using Aedes Vector Surveillance Indices such as Breteau Index (BI) and House Index (HI).
    c. Monitor fluctuations in the vector population, which can serve as an early warning of an impending outbreak.
    d. Provide evidence for recommending prevention and control measures.

e. Assess the impact of vector control measures.

The National Dengue Prevention and Control Program implements three types of vector surveillance, namely:

i. Larval/Pupal Survey

ii. Ovi/Larvi-trap Survey

iii. Adult Mosquito Survey

Refer to NAVDPCP Manual of Operations, Volume 2. Vector, Virus and Case Surveillance for the operational procedure of the different vector surveillance methods for your guidance.

3. Initiation of Integrated Vector Management
   a. When to conduct **larviciding**:

      i. When an area is declared a hotspot

      ii. When an area has clustering of cases

      iii. When there is an outbreak or an impending outbreak

      iv. When an area is declared as dengue-sensitive (HI of more than 5%, or BI of more than 20%).

      v. When Dengue has been recorded in the past

      vi. As part of routine vector control measures, when vector surveillance data such as Ovi-Larva Index (OLI) and Adult Pupa Index (API) are available

   b. When to conduct **space spraying**:

      i. When an area is declared a hot spot or with clustering of cases

      ii. In the presence of outbreak or an impending outbreak

      iii. The area exceeds the Vector Threshold Index (evidenced by Vector Surveillance Data: HI, BI).

      iv. Frequency: **At least four (4) cycles with at least 7-day interval in between cycles**

      v. Timing:

      - Most Favorable: Early morning at 6:30 - 8:30 AM or late evening at 4;00 to 8:00 AM
      - Acceptable: Early to mid-morning or late afternoon or early evening.

   c. When to conduct **targeted residual spraying**:

      i. Targets the resting stage of mosquitoes which is 1.5 meters from the floor

ii. When there is clustering of cases (i.e. at least 3 cases reported in 4 consecutive weeks) or during outbreaks

iii. 2-3 times a year, in the absence of rain.

iv. For schools, targeted indoor residual spraying or targeted outdoor residual spraying must be conducted during weekends or holidays

4. Monitoring of possible cross-reactions between Dengue and COVID-19

   COVID-19 could present clinically like Dengue, most notably during the early stages of infection. This could lead to a misdiagnosis of dengue rather than a COVID19 infection, especially in dengue endemic areas.

   a. Recommended for suspected Dengue cases to proceed with Dengue NS1 Rapid Diagnostic Test and proceed with continuous monitoring of signs and symptoms. Maintain a high index of suspicion when the clinical picture does not match the laboratory findings.
   b. Proceed to RT-PCR for COVID-19 if clinical manifestations suggest progressions of signs and symptoms
   c. For protection of healthcare workers, treat as suspected COVID-19 until proven otherwise and maintain close monitoring to avoid progression to shock.
   d. If case was misdiagnosed as Dengue and confirmed as COVID-19, please inform the NDPCP and their respective RESUs.
5. Submission of reports to National Dengue Prevention and Control Program
   a. Ensure monthly submissions every first Monday of the month using template (Annex A) to the National Dengue Prevention and Control Program email (navdpcp.dohco@gmail.com)
   b. Incorporate the necessary supporting documents such as accomplished checklists from DM No. 2019-0315.

C. Leptospirosis

1. Undertake the necessary promotive and preventive priority actions as follow:
   a. Review the trend of leptospirosis in the area: magnitude or current data.
   b. Monitor the early warning and surveillance system for leptospirosis.
   c. Conduct information and advocacy campaigns to the general public and LGUs through various platforms.
      i. Campaign on preventive measures such as good personal hygiene, cleaning of wounds in legs and feet, avoiding wading in dirty flood water, wearing of boots, washing of legs /feet after wading
   d. Conduct inventory of doxycycline stocks and commodities for peritoneal dialysis as to number and status.
   e. Conduct of inter-agency or Technical Working Group Meetings.
   f. Compile and disseminate the guidelines and protocols to LGUs.
   g. Collaborate with partners and stakeholders to lead or assist in:

i. De-clogging of sewages and canals; garbage disposal; garbage truck routes (DENR)
ii. Vermin / Rodent Control – traps, poisons, removal of temporary habitats (DA)
iii. Good animal husbandry (sanitation in farms and institutions) (DA)

h. Provide post-exposure chemoprophylaxis with doxycycline to individuals with exposure
i. Establish triage system
j. Ensure implementation of environmental sanitation interventions especially in high-risk communities
i. Search and destroy rats' habitats
ii. Search and clear drainage and canals
iii. Store food and drinking water with cover
iv. Secure and protect your home by using rat traps or rat poisons

2. Manage cases as follows:
a. Identify strategies to increase access to diagnostics (PCR, MAT)
b. Ensure availability of current clinical guidelines and treatment protocols
c. Ensure case profiles and event monitoring sheets available and completely filled up
d. Ensure reporting to appropriate office / level for consolidation
e. Ensure Philhealth packages are implemented in cases admitted
f. Ensure adequate medical supplies and medicines available for use
g. Establish risk communication strategies
h. Activate Incident Command System (ICS) in all levels if outbreak/surge occurs
i. Interagency Task Force will be activated (DSWD, PNP, MMDA, DOH, DENR)
ii. NDRRMC shall be engaged

D. Acute Watery Diarrhea, Hepatitis A, Typhoid Fever, Cholera

1. Promote hand hygiene in all settings, on all occasions
a. Handwashing with soap and water is the best method to reduce the number of microbes.
b. If soap and water are not available, alcohol based hand sanitizers (at least 60%) maybe used. Hand sanitizers and moist hand wipes or towelletes are not recommended when hands are visible dirty or greasy.
c. All efforts shall be made to provide access to clean water, soap and hand drying materials.
2. Ensure drinking water are clean and safe. Measures recommended in providing clean and safe water include boiling, chemical disinfection, filtration with ultraviolet. Any supply of drinking water shall comply with the A.O. 2017-0010 "Philippine National Standards for Drinking Water"
3. Ensure proper food handling
a. No person shall be employed in any food establishment without a health certificate issued by the city/municipal health officer based on the "Implementing Rules and Regulations of Chapter III Food Establishments on The Code on Sanitation of the Philippines (P.D. 856)".

b. Food industry workers need to notify their employers if with any of the following: Hepatitis A, diarrhea, vomiting, fever, sore throat, skin rash and other skin lesions, discharge from ears, eyes or nose.

4. Ensure proper excreta disposal
    a. Per DOH recommendation, the following are the approved excreta disposal facilities:
        i. Flush toilet connected to: community sewer, imhoff tank, septic tank, digester tank, chemical tank
        ii. VIP latrine, sanitary pits, pit type and "Antipolo" toilet
    b. Open defecation is strongly discouraged.
5. Provide supplements.
    a. Zinc supplementation is recommended to prevent acute infectious diarrhea for 6 months to 12 years old.
    b. Vitamin A supplementation may be given to children (6 months and above) to prevent incidence of acute infectious diarrhea. The recommended doses are: 2.1. 100,000 IU every 4-6 months for infants 6-12 months 2.2. 200,000 IU every 4-6 months for children over 12 months
6. Exclusive breastfeeding is recommended during the first 6 months of life. All healthcare providers shall promote breastfeeding.

For strict compliance.

By Authority of the Secretary of Health:

MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team

ANNEX A.

DENGUE SITUATIONAL REPORT TEMPLATE

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

Date:

SITUATIONAL REPORT FOR ____ CHD

I. CURRENT BASIC STATISTICS (CURRENT STATUS as of _____)

II. INVENTORY OF COMMODITIES

III. ACTIONS TAKEN (If there are pressing issues/concerns)

IV. PLANNED ACTIVITIES (If any)

V. OTHER PERTINENT INFORMATION

Prepared by:

_____

Approved by:

_____

ANNEX B

INFLUENZA AND COVID-19 - Similarities and Differences

17 March 2020 | Q&A

As the COVID-19 outbreak continues to evolve, comparisons have been drawn to influenza. Both cause respiratory disease, yet there are important differences between the two viruses and how they spread. This has important implications for the public health measures that can be implemented to respond to each virus.

How are COVID-19 and influenza viruses similar?

Firstly, COVID-19 and influenza viruses have a similar disease presentation. That is, they both cause respiratory disease, which presents as a wide range of illness from asymptomatic or mild through to severe disease and death.

Secondly, both viruses are transmitted by contact, droplets and fomites. As a result, the same public health measures, such as hand hygiene and good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue), are important actions all can take to prevent infection.

How are COVID-19 and influenza viruses different?

The speed of transmission is an important point of difference between the two viruses. Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (the time between successive cases) than COVID-19 virus. The serial interval for COVID-19 virus is estimated to be 5-6 days, while for influenza virus, the serial interval is 3 days. This means that influenza can spread faster than COVID-19.

Further, transmission in the first 3-5 days of illness, or potentially pre-symptomatic transmission –transmission of the virus before the appearance of symptoms – is a major driver of transmission for influenza. In contrast, while we are learning that there are people who can shed COVID-19 virus 24-48 hours prior to symptom onset, at present, this does not appear to be a major driver of transmission.

The reproductive number – the number of secondary infections generated from one infected individual – is understood to be between 2 and 2.5 for COVID-19 virus, higher than for

influenza. However, estimates for both COVID-19 and influenza viruses are very context and time-specific, making direct comparisons more difficult.

Children are important drivers of influenza virus transmission in the community. For COVID-19 virus, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa.

While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be different. For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. These fractions of severe and critical infection would be higher than what is observed for influenza infection.

Those most at risk for severe influenza infection are children, pregnant women, elderly, those with underlying chronic medical conditions and those who are immunosuppressed. For COVID-19, our current understanding is that older age and underlying conditions increase the risk for severe infection.

Mortality for COVID-19 appears higher than for influenza, especially seasonal influenza. While the true mortality of COVID-19 will take some time to fully understand, the data we have so far indicate that the crude mortality ratio (the number of reported deaths divided by the reported cases) is between 3-4%, the infection mortality rate (the number of reported deaths divided by the number of infections) will be lower. For seasonal influenza, mortality is usually well below 0.1%. However, mortality is to a large extent determined by access to and quality of health care.

What medical interventions are available for COVID-19 and influenza viruses?

While there are a number of therapeutics currently in clinical trials in China and more than 20 vaccines in development for COVID-19, there are currently no licensed vaccines or therapeutics for COVID-19. In contrast, antivirals and vaccines available for influenza. While the influenza vaccine is not effective against COVID-19 virus, it is highly recommended to get vaccinated each year to prevent influenza infection

(source:https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza?gclid=Cj0KCQjw O35BRDVARIsAJU5mOXh4J9UGd69ekC6RcyxtnyGzp91bh1BboFZFoJEBH0ItbBIgnW2pYwaAgkBEALw_wcB)