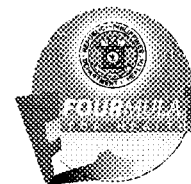




Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
San Lazaro Compound, Rizal Avenue
Sta. Cruz, Manila, Philippines 1003



23 May 2009

DEPARTMENT MEMORANDUM

No. 2009-0134

To : DOH Bureaus, Services, Centers for Health Development (CHDs), Hospitals and Attached Agencies, All Services, Units and Teams Designated to Work for the Prevention, Containment, Control and Clinical Management of the Influenza A (H1N1) Virus and All Others Concerned

Subject: Technical Guidelines, Standards and Other Instructions for Reference in the Pandemic Response to Influenza A(H1N1)

Whereas, Presidential Decree No. 1566 (1978) entitled "*Strengthening the Philippine Disaster Control Capability and Establishing a National Program on Community Disaster*" mandates the national government agencies to support the central and local governments in time of emergencies and according to their field of responsibility;

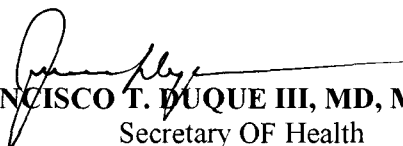
Whereas, the World Health Organization (WHO) reports of human cases and deaths secondary to a virus originally found among swine population in Mexico and of similar occurrences in other countries, and initiated the global alert and response to the influenza A H1N1 virus, recently identified as the causative agent of the imminent pandemic;

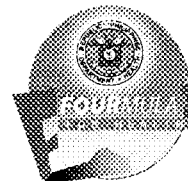
Whereas, the National Disaster Coordinating Council (NDCC) through Memorandum 06 s. 2009, designated Secretary Francisco T. Duque III, Secretary of Health as the "Overall Crisis Manager (De-facto NDCC Chairman) for 2009 A/H1N1 flu";

Whereas, because this is the first time that influenza AH1N1 is affecting human populations, its epidemiologic trend and clinical effects are largely unpredictable;

The DOH hereby issues the **Interim Guidelines No. 10, for the Prevention and Control of Influenza A (H1N1) in Schools**, on the strength of Administrative Order entitled "Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A H1N1 Virus, dated May 04, 2009.

For compliance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary OF Health



**Interim Guidelines No. 10
For the Prevention and Control of Influenza A (H1N1) in Schools**

This set of guidelines consists of the Department of Health's recommendations to school authorities at this time when only a few confirmed cases of influenza A (H1N1) has been identified and DOH has not yet established the pattern of susceptibility of the population to the influenza A (H1N1) virus and the virulence or severity by which the same virus could cause illness to the Filipino people. The general recommendation is to monitor the occurrence of influenza-like illness and prevent its spread among the school population. Influenza-like illness that are to be watched out for include suspected, probable or confirmed cases of influenza A (H1N1). (For this document "school" shall include all institutions of learning for all levels of education, formal and informal.)

A. How to Prepare the School to Respond to the Influenza A (H1N1)

1. Keep informed. Keep an eye on updates about the status and extent of influenza A (H1N1) virus infection in the Philippines and in your area, through newspapers and mass media reports and the DOH website, www.doh.gov.ph, and by coordinating with your local health offices regarding the infection status and control measures being instituted in your locality.

The DOH (Manila-based) hotline numbers are (032) 711-1001 and (032) 711-1002.

2. Organize an infection control team. Identify and organize the most responsible personnel to compose the infection control team in the school. The team will plan, implement, coordinate and report the prevention and control activities with regard the influenza A (H1N1) virus. They will also assist local health authorities in the standard surveillance and reporting of influenza-like illness.

3. Make facilities for hand hygiene and sanitation available. Ensure that adequate hand washing and sanitation facilities—like lavatories, garbage bins and toilets—are available in the school premises, according to the Sanitation Code of the Philippines (e.g., at least 6 lavatories for every 100 population, with adequate running water and provisions for soap).

4. Provide nursing and/or medical services. Provide for the orientation of the school's nursing and/or medical staff on influenza A (H1N1) control and case management. If there are constraints to provide this, link up with the health office, clinic or hospital nearest the school.

5. Designate a room for persons developing the signs and symptoms of influenza while at school. This is preferably one separate infirmary room. If there is no extra infirmary room available, look for another rarely occupied room that can be easily disinfected and which can provide patient comfort.

6. Make disposable surgical masks or similar devices available at all times. Masks are essential for the medical and nursing staff of the school, and enable persons with flu-like symptoms, like cough or sneeze, to cover their mouth and nose conveniently while keeping their hands free.

7. Encourage reporting of high-risk events. Get information and regularly update information on enrollees, faculty and non-teaching staff having history of travel to countries or regions with confirmed influenza A (H1N1) cases or with history of exposure to probable or confirmed cases. Make reporting of these events confidential and mandatory.

8. Launch a sustained information and behavior change campaign on common hygienic practices. Avail of educational and information materials on appropriate hand washing, respiratory hygiene and other sanitation practices from the nearest DOH offices. These can be reproduced and disseminated to students, teachers, non-teaching staff and parents and families of the school population to assist in the nationwide effort to control influenza A (H1N1) infection.

9. Check ventilation of rooms. Ensure that air-conditioned classrooms and other function rooms have adequate functional exhausts or are otherwise well-ventilated so that aerosol droplets do not accumulate in any given place of where people group together.

However, even before the above measures are instituted there may be reason to adopt control measures based on currently known information on the health status and activities of students, faculty and staff of the school:

B. When to Advise Particular Student, Faculty or Non-Teaching Staff to Defer Going to School

1. Students, faculty and non-teaching staff returning from vacations in countries with confirmed cases of influenza A (H1N1) SHOULD BE REQUIRED to defer going to school and advised to monitor themselves for signs of influenza for 10 days from date of arrival to the Philippines. Encourage compliance by arranging for catch-up lessons for students or adapting rules on leaves of absences for school employees.

2. Students, faculty and non-teaching staff who have had close contact¹ or have cared for with a probable or confirmed case of influenza A (H1N1) SHOULD BE REQUIRED to defer going to school and advised to monitor themselves for signs of influenza for 10 days from date of disengaging from the case. Again, encourage compliance by employing any innovative, effective and reasonable measures.

3. Persons with influenza-like illness or ILI, like fever with either cough or sore throat and other respiratory tract symptoms, whether confirmed case of influenza A (H1N1) or not, SHOULD BE ADVISED to stay home for 7 days after onset of illness or at least 24 hrs after symptoms have resolved. This is aside, of course, from providing them with immediate medical assessment and advising them to observe hand and respiratory hygiene and to stay home and not mix with crowds elsewhere (as in malls, computer shops or theaters).

4. Persons at high risk to develop complications from influenza—for example, people taking steroids for chronic ailments (such as asthma), very young children of less than 5 years

¹ A close contact is a person who has cared for, lived with or has had direct contact with the respiratory secretions or body fluids of a probable or confirmed case of influenza A (H1N1).

old, people whose immune system is compromised by other illness (like uncontrolled diabetes and cancer)—should be advised to take more stringent precautions compared to the general population. They should wear mask at all times when in school and avoid crowds and therefore, should be seated near well-ventilated areas when they have to attend classes.

(It is up to school authorities to find ways to establish proof of travel to risk areas and proof of illness.)

C. How to Detect Early Signs of Influenza A (H1N1) Infection in the School Population

1. Monitor indicative incidents. The following occurrences may suggest that there is on-going transmission of influenza in school:
 - 1.1. simultaneous or series of absences clustering in specific classes or faculty groups
 - 1.2. clustering of reported flu-like illness among users of specific buildings or function rooms
 - 1.3. severe or unusual respiratory illness in one or more student, teacher or staff
2. Ensure medical evaluation and case follow-up of all types of illness manifesting with fever or respiratory symptoms reported among the school population (students, teaching and non-teaching staff and administrators). This should be done by the medical or nursing staff in coordination with the infection control team.

D. What to Do When Student, Faculty and other School Staff Manifest with Influenza-like Illness While in School

1. Provide the ill person with masks and reminders to practice hand and respiratory hygiene measures at all times. Also give instructions about avoiding touching the mask and of disposing of it regularly or when it becomes moist or soiled.
2. Keep the person comfortable in the designated separate (or isolation) room that is off limits to other non-sick persons, until relatives are informed and the personal transportation or a patient transport team from a hospital or health facility is available to bring the patient for laboratory testing and further management. Advise all transport personnel about the condition of the patient so they may take personal protective precautions.
3. Arrange for immediate medical evaluation with the responding medical staff or team wearing protective personal equipment (N9 mask, gloves, gown and eye protection goggles).
4. Advise the infection control team of the incident and need to
 - 4.1 obtain detailed exposure history
 - 4.2 disinfect and decontaminate the holding or isolation room after the patient has left or has been transported to appropriate facility (Refer to DOH Interim Guidelines No. 9 for detailed procedures for room decontamination.)
 - 4.3 report the incident to the local government's health office, and
 - 4.4 follow-up the course of illness.

E. Indications for Delaying or Suspending Classes

1. **There is yet NO indication for suspending classes on a nationwide scale.** The reasons are:
 - 1.1. Many infectious diseases are carried by healthy, non-sick carriers and keeping children away from school is not sure to stop infection.
 - 1.2. Experts have observed that spread of influenza A (H1N1) is so fast, by the time a probable or confirmed case is identified, the case already infected several other persons.
 - 1.3. The schools may not be the primary source of infection because by the time the infection is attributed to a school, community transmission must have already occurred.
 - 1.4. Anti-viral drugs are available in the market and there are simple everyday measures each individual can practice in order to avoid infection, control the transmission and in order to fight off the disease:
 - 1.4.1. Regular hand hygiene
 - 1.4.2. Cough etiquette
 - 1.4.3. Wearing masks and other personal protective equipment
 - 1.4.4. Cleaning and disinfection of the environment
 - 1.4.5. When not necessary, avoid crowds, especially in enclosed venues
 - 1.4.6. Enough sleep and healthy diet
 - 1.4.7. Chemoprophylaxis of close contacts
 - 1.4.8. Taking anti-virals if confirmed sick with influenza A (H1N1)

2. **On a case to-case basis, administrators of a particular school may decide to suspend classes,** for the following possible reasons:
 - 2.1. A large number of its teaching or non-teaching staff is confirmed ill such that the school is unable to provide students classes on a regular schedule
 - 2.2. A large number of students is confirmed ill such that many or majority are being scheduled for make-up classes
 - 2.3. One or more report of unusually severe illness arising from a confirmed or probable case of influenza A (H1N1)
 - 2.4. Local government health office or DOH advice or recommendation as to the start of and duration of suspension of classes, because of an unusual or unexpected development with regard the epidemiology of influenza A (H1N1) in the school and/or its environs.

Issued by the DOH Emergency Management Task Force for the Pandemic Response to Influenza A (H1N1)