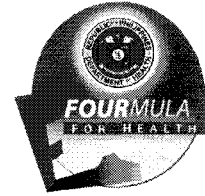




Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
San Lazaro Compound, Rizal Avenue
Sta. Cruz, Manila, Philippines 1003



June 24, 2009

DEPARTMENT MEMORANDUM
No. 2009-0171

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 to Effect the Continuum of Approach from Containment to Mitigation Strategies in the Control of Influenza A (H1N1) Virus

Whereas, in April 2009, the World Health Organization (WHO) reported of human cases and deaths secondary to re-assortment of influenza virus found among swine, avian and human population, and initiated the global alert and response to the influenza A (H1N1) virus, recently identified as the causative agent of the 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, the DOH initially responded to the pandemic by enforcing international quarantine laws in the Philippine territories and by instituting containment measures among exposed and affected populations;

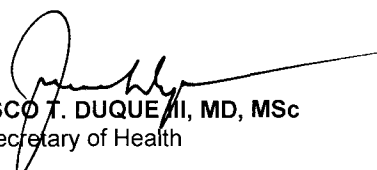
Whereas, in June 11, 2009 the WHO declared the highest pandemic level, Phase 6, to alert member States that the virus is spreading at the community level across WHO regions;

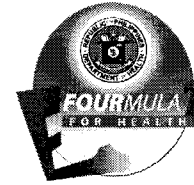
Whereas, observations of the first cases of Influenza A (H1N1) infection in the country and the patterns of transmission, confirm the global observation that the influenza A (H1N1) virus is generally mild in its clinical manifestations but it is spreading fast;

The DOH hereby issues the following interim guidelines to effect the continuum of approach from the containment of infection to mitigation strategies that focus on the care of individuals who fall ill secondary to influenza A (H1N1), based on Administrative Order 2009-009 entitled "Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A H1N1 Virus," dated May 04, 2009 namely:

1. Interim Guidelines No. 16 on the Major Policy Changes from Containment to Mitigation Response to the Influenza A (H1N1) Outbreak in the Country
2. Interim Guidelines No. 17 on the Revised Clinical Care Management of Influenza A (H1N1)
3. Interim Guidelines No. 18 on the Revised Response Level for Schools
4. Interim Guidelines No. 19 on Mitigation Response to Influenza A (H1N1) Virus Infection

For compliance.


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



Interim Guidelines No. 18
Revised Response Level Guide for Schools

Revised interim guidelines on the different response levels for schools are hereby issued by the DOH with information that as of June 19, 2009 several confirmed cases of influenza A (H1N1) had been found in a few schools in Metro Manila and in a few provinces. At least 3 schools have contained the spread of infection by temporarily suspending classes. All local cases thus far identified manifested with mild symptoms and recovered uneventfully within an average of 5 days.

Suspension of classes and school closures had been used in pandemics and during seasonal influenza outbreaks by some countries. At specific stages of disease outbreaks, suspension of classes has helped reduce transmission among children and decrease disease spread to the community.

A. **Revised Response Level Guide for Schools.** The revised matrix on the different response levels below details the indications for the various appropriate responses to influenza A (H1N1) in schools:

Table 1. Matrix on Influenza A (H1N1) Response Levels System in Schools

	Response Level 1	Response Level 2	Response Level 3	Response Level 4
Criteria	1.1 Confirmed cases of Influenza A (H1N1) in other countries but no confirmed case in the Philippines	2.1 Confirmed cases of novel Influenza A (H1N1) in the country 2.2 No confirmed case in the school 2.3 No confirmed community level transmission	3.1 Confirmed cases of Influenza A (H1N1) in the country 3.2 Confirmed case in school 3.3 No confirmed community level transmission	4.1 Confirmed cases of Influenza A (H1N1) in the country 4.2 Confirmed community level transmission
Response	1.2 Keep updated about the status and extent of Influenza A (H1N1) globally 1.3 Campaign for proper hand washing, general hygiene and cough/sneeze manners 1.4 Make available hygiene and sanitation facilities 1.5 Line list and monitor health status of students, faculty and non-teaching personnel who have recently traveled to countries with confirmed cases of Influenza A	2.4 Level 1 Response PLUS: 2.5 Surveillance of influenza-like illness (ILI), i.e., fever, cough, sore throat 2.6 Line list students, faculty and non-teaching personnel with ILI 2.7 Monitor trend, cause, status of absentees (students, faculty and non-teaching personnel) 2.8 Students, faculty and non-teaching personnel with ILI shall not report to school but inform the school physician or	3.4 Implement Response Level 2 PLUS: 3.5 Temporarily suspend classes ¹ in affected school (for the extent of closure, refer to B.8) 3.6 Lift suspension after 10 days	4.3 Implement Response Level 2 PLUS: 4.4 As a rule, NO suspension of classes in schools located in areas with community level transmission. Exceptions are: 4.4.1 Unusually severe illness or clinical manifestations 4.4.2 Large number of simultaneously ill students and/or school staff

¹ See reasons for suspension of classes on item no. 5, page 3.

	Response Level 1	Response Level 2	Response Level 3	Response Level 4
	(H1N1) virus infection 1.6 Observe precautionary measures during school gathering	local health authorities for proper advice 2.9 Isolate in designated room and refer to school physician or healthcare worker persons identified to have ILI while in the school 2.10 Establish referral system with local health care facilities 2.11 Report to local health authorities (MHO/CHO) and/or the regional DOH Center for Health Development		4.5 Reverse isolation: students and school employees residing in areas without community level transmission should be advised NOT to report to school until the number of ILI in area or school has subsided OR these students and school employees will be required to wear face mask 4.6 Strengthen public health interventions
Declaration of Suspension of Classes	1.7 No suspension of classes	2.12 No suspension of classes	3.7 If a school has a laboratory- confirmed case of Influenza A (H1N1), the school principal declares suspension of classes ² 3.8 If two or more schools in one city or municipality have confirmed cases of Influenza A (H1N1),the Division Superintendent declares the suspension of classes in the affected schools or depending on the location of schools affected, in the entire city or municipality 3.9 The Higher Education Institution heads declare suspension of classes in their respective schools	4.7 The school principal or head decides if school needs to be temporarily closed, based on: 4.7.1 Severity or manifestations of influenza A (H1N1) illness among student or local population 4.7.2 Number of simultaneously ill students and/or school staff 4.7.3 Recommendation of the DOH or regional Center for Health Development

B. Clarification of Terms and Concepts:

1. ILI stands for influenza-like illness. Influenza-like illness includes fever, cough, cold, sore throat and malaise. ILI can be caused by the influenza A (H1N1) virus, seasonal flu virus, common cold virus and bacterial pneumonia.
2. **Confirmed cases** are laboratory-tested positive cases of influenza A (H1N1) virus infection. Confirmation of cases is done by the DOH through its network of certified referral laboratories, both government and privately-owned.

² The principal or head of school may suspend classes selectively based on factors enumerated on item no. 8, page 3.

3. **Confirmation of community level transmission** is done by the Department of Health. School administrators shall closely coordinate with DOH regional Centers for Health Development in this regard.
4. The Secretary of the Department of Education, Chairperson of Commission on Higher Education and Director General of TESDA and their authorized representatives or officials may suspend classes according to information available to them or the recommendation provided by the DOH.
5. **The reasons for suspending classes** are:
 - To contribute to containment measures by limiting exposure to index case or cluster of cases in the school setting
 - To allow school officials to plan and institute or conduct for intensified campaign in school and community for awareness and behavior change toward
 - frequent hand washing
 - general personal hygiene, including sanitation of personal effects like cell phones and other closely held personal gadgets
 - For schools to institute sanitation and decontamination measures in the school:
 - General cleaning of the school
 - Use of disinfectants for chairs, desks, door knobs, toilets, lavatories and garbage bins
 - Ensure provision of water, soap and other supplies / materials for proper hygiene purposes
 - For schools to coordinate with local health officials and the DOH regional Centers for Health Development who should document and report the clinical manifestations and progress and investigate the likely source and extent of transmission of the infection.
6. **As a rule, suspension of classes is lifted 10 (calendar) days after the diagnosis of the known confirmed case.** By this time, school authorities should have carried out intensified hygiene and sanitation measures, contingency school program implementation and coordination with local health officials.
7. **There is no value in suspending classes for the same group of students or school staff, in case another confirmed case is detected in the group.** The likelihood that transmission has occurred prior to the occurrence of symptoms and laboratory testing is high. Thus, the emphasis of infection management should be shifted to individual patient care. As such, only confirmed cases or students, faculty members or non-teaching staff manifesting ILI shall be sent for home quarantine or referred to a health facility.
8. **The extent or coverage of suspension of classes, college, institute or department or of the closure of schools to contain influenza A (H1N1) infection for Response Level 3 depends on the following factors:**
 - **Physical configuration of school buildings** such that the area or areas frequented by the first confirmed case/s can be delimited to a specific building or floor level and only classes in these areas may be suspended
 - **Section or class assignments of students.** Students in block sections can be suspended altogether when one of them is a confirmed influenza A (H1N1) case

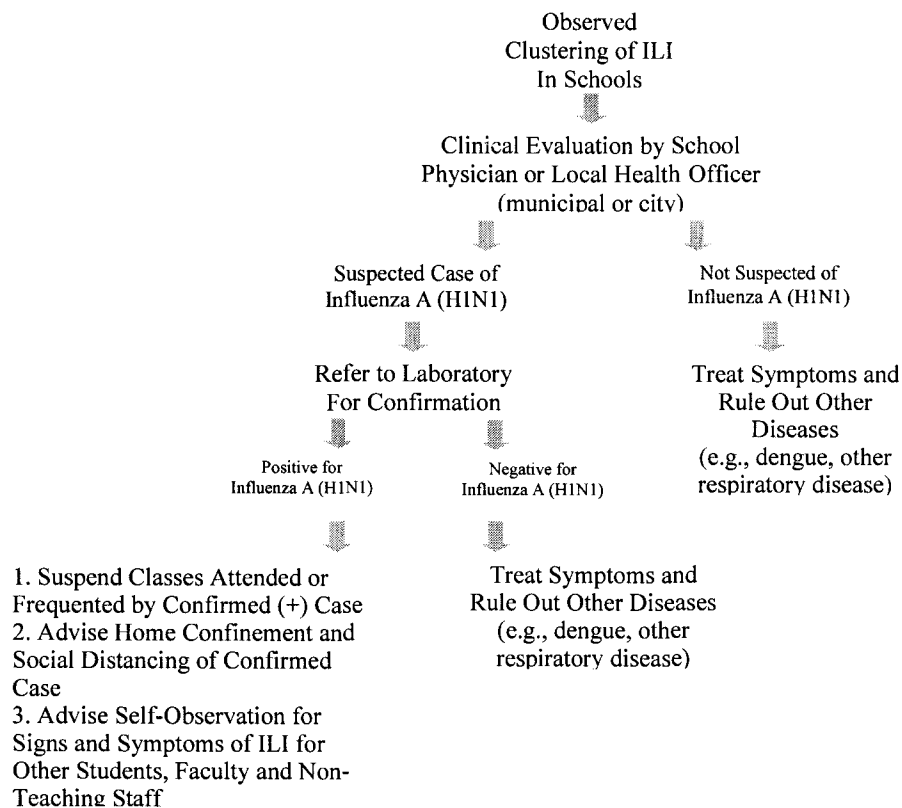
while sparing the rest of the school population from disruption of classes especially when there are no confirmed cases in other sections

- **School contingency plan of action** to minimize both the spread of infection and the disruption of classes. This should include special arrangements for students on home quarantine to be able to catch up with lessons and for students on reverse isolation (as in Response Level 4) to be accommodated in schools located in areas without community-level transmission.
- **Evaluation and recommendation of the DOH central or regional Centers for Health Development and local health authorities**

9. **Affected schools should inform DepEd regarding their decision to suspend classes and/or close the school.**

C. **Flowchart on Management of Clustering of ILI Cases In Schools applies to the following situation:**

- When **initial or first few** ILI cases begin to be reported or seen in school
- There is **no community transmission** declared by the DOH central or regional offices



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