



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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DEPARTMENT CIRCULAR

No. 2019 - 0051

**TO: ALL CENTERS FOR HEALTH DEVELOPMENT DIRECTORS,
MEDICAL CENTER CHIEFS AND CHIEFS OF HOSPITAL,
AND OTHERS CONCERNED**

SUBJECT: Advisory on Measles Outbreak

Measles is an acute viral respiratory illness characterized by fever and malaise (feeling of general discomfort), cough, coryza (runny nose), and conjunctivitis (red eyes), skin rashes lasting more than three (3) days. It is transferred from person to person by sneezing, coughing and close personal contact. Patients are considered to be contagious from four (4) days before to four (4) days after the rash appears.

In view of the ongoing measles outbreak and to prevent further transmission of measles, all the Centers for Health Developments (CHDs), DOH-ARMM, Local Government Units (LGUs), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), schools and other partners in the conduct of mass measles and polio vaccination campaign are hereby informed and reminded of the following guidelines:

I. PREVENTION AND CONTROL

A. Priority for Measles Vaccination

Community-based 6-59 months old children, and school-based kindergarten to Grade 6 pupils shall be prioritized in the vaccination of measles-containing vaccine especially the “missed” or “unvaccinated” individuals.

B. Inclusion of OPV in the campaign

The oral polio vaccine dose for 0-59 months old shall be provided during this campaign period. OPV dose at birth shall be designated as the “zero dose” followed by the routine primary series of 3 OPV doses and at least 1 IPV dose. This is consistent with the World Health Organization’s recommendation for polio-endemic countries and those at high risk for importation and subsequent spread, which includes the Philippines as identified by the Independent Monitoring Board for Global Polio Eradication Initiative.

SIA-OPV 2019 shall be recorded in the “other vaccines” line of the Mother-Baby book.



C. Prevention of Measles Transmission

To prevent the transmission of measles in and among communities, the following precautionary measures shall be observed:

- a. Obtain appropriate vaccination. *See Section I.A.*
- b. Cover coughs and sneezes with tissue or forearm
- c. Ensure proper disposal of tissue, especially if with nasal secretion
- d. Stay at home when ill, or recently exposed to suspected measles case
- e. Practice good hand hygiene
- f. Avoid borrowing personal effects
- g. Dedicate a room for confirmed cases, those that are exposed will also be under close watch preferably in separate room isolated from others

1. Prevention of Transmission in Social and Community Gatherings

Crowding can facilitate transmission of diseases. Organizers of events or social and community gatherings (e.g. social or religious functions, sports activities, concerts, conferences and meetings, as well as public transit) are advised to postpone or delay conduct of such activities until after the outbreak is declared controlled. If the event is inevitable or cannot be postponed, organizers are advised to inform participants of the risk for disease transmission and observe precautionary measures enumerated in *Section C* to minimize the spread of the disease.

2. Prevention of Transmission in School Settings

School teachers/officials shall implement the following critical measures:

- a. Educate learners of the methods to minimize spread of the disease
- b. Advise learners with flu like symptoms (fever and body malaise, cough, colds) to stay at home and observe for development of rashes in the next 3 – 4 days.
- c. Advise learners with measles to remain isolated until 4 days after the appearance of rashes.
- d. Promptly isolate suspected cases and refer student to the nearest facility/health center for proper case investigation.

School officials shall declare an outbreak **ONLY** upon validation of available data by the CHD regional director.

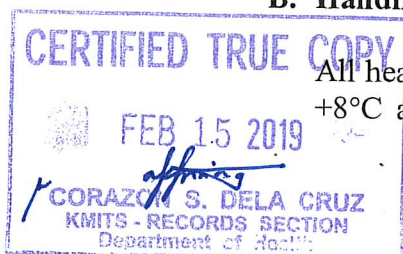
II. SUPPLY CHAIN AND LOGISTICS MANAGEMENT

A. Supply Chain

The Centers for Health Development (CHDs) shall utilize existing supply for routine immunization for the campaign. Vaccine supplies will be regularly replenished during the campaign period.

B. Handling and Storage of measles-containing vaccine (MCV)

All health workers shall ensure that MCV shall always be maintained at +2°C to +8°C at all levels at all times during distribution and storage and vaccination.



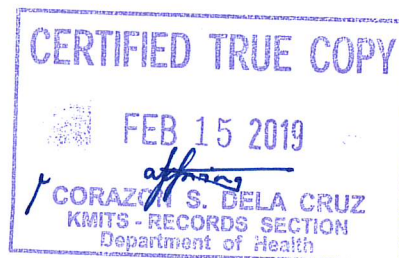
Improper handling of MCV, such as exposure to over 8°C within one hour will decrease the potency of the vaccine by 50%. PRE-FILLED SYRINGES OF VACCINES ARE NOT ALLOWED

III. MISCELLANEOUS PROVISIONS

- A. All CHDs shall establish and activate their respective Incident Command System for Measles Outbreak in coordination with respective Regional Office of Civil Defense.
- B. CHDs shall also coordinate and/or partner with stakeholders (e.g. Local Chief Executives, Development Partners, DepEd, DILG and other regional government offices/agencies) in the conduct of outbreak response.
- C. LGUs are enjoined to extend working hours of their respective Urban Health Centers, Rural Health Units and/or Barangay Health Stations to ensure continuity of health services especially measles vaccination and/or management. Moreover, LGUs are urged to extend operating days to Saturdays and Sundays to pave way for weekend supplemental immunization activities.

By Authority of the Secretary of Health:


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



Annex 1

Integrated Management for Childhood Illness (IMCI).

1.1. Measles

Look for signs of symptoms	If with Measles
<ul style="list-style-type: none"> ▪ Cough ▪ Runny nose ▪ Red eyes ▪ Fever ▪ Blotchy rash lasting for more than 3 days 	<ul style="list-style-type: none"> ▪ Give Vitamin A ▪

1.2. Pneumonia

Ask about main symptoms:	If with Pneumonia						
<p>Does the child have a cough or difficulty breathing? If yes.</p> <ul style="list-style-type: none"> ▪ Count the breaths in one minute. ▪ Look for chest indrawing. ▪ Look and listen for stridor. ▪ Look and listen for wheeze <p>If wheezing with either fast breathing or chest indrawing:</p> <ul style="list-style-type: none"> ▪ Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify. <p>If the child is:</p> <table border="0"> <tr> <td>2 months – 12 months</td><td>Fast breathing is:</td></tr> <tr> <td>12 months – 5 years</td><td>50 breaths per/min or more</td></tr> <tr> <td></td><td>40 breaths per/ min or more</td></tr> </table>	2 months – 12 months	Fast breathing is:	12 months – 5 years	50 breaths per/min or more		40 breaths per/ min or more	<ul style="list-style-type: none"> ▪ Give oral Amoxicillin for 5 days** ▪ If wheezing (disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days*** ▪ If chest indrawing in HIV exposed/infected child, give first dose of amoxicillin and refer, ▪ Soothe the throat and relieve the cough with safe remedy ▪ If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment ▪ Advise mother to return immediately ▪ Follow-up in 3 days <p>If there are no signs of pneumonia or very severe disease</p> <ul style="list-style-type: none"> ▪ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days*** ▪ Soothe the throat and relieve the cough with safe remedy ▪ If coughing for more than 14 days or recurrent wheezing, refer for possible TB or asthma assessment ▪ Advise mother to return immediately ▪ Follow-up in 5 days
2 months – 12 months	Fast breathing is:						
12 months – 5 years	50 breaths per/min or more						
	40 breaths per/ min or more						

***Oral Amoxicillin for 3 days could be used in patients with fast breathing but no chest indrawing in low HIV settings.*

****In settings where inhaled bronchodilator is not available, oral salbutamol may be tried but not recommended for treatment of severe acute wheeze.*

1.3. Diarrhea

Ask the mother if the child has Diarrhea	If Diarrhea is more than 14 days or more and no dehydration
<p>If yes, ask:</p> <ul style="list-style-type: none"> For how long? Is there a blood in the stool? <p>Look and feel:</p> <ul style="list-style-type: none"> Look at the child's general condition. Is the child: <ul style="list-style-type: none"> Lethargic or unconscious? Restless or irritable? Look for sunken eyes. Offer the child fluid. Is the child: <ul style="list-style-type: none"> Not able to drink or drinking poorly? Drinking eagerly, thirsty? Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly? 	<ul style="list-style-type: none"> Advise the mother on feeding a child who has PERSISTENT DIARRHEA Give multivitamins and minerals (including zinc) for 14 days Give Vitamin A Follow-up in 5 days <p>If there is a blood in the stool</p> <ul style="list-style-type: none"> Give ciprofloxacin for 3 days Follow-up in 3 days Advise mother when to return immediately

1.4. Malnutrition

Look for signs of Acute Malnutrition	Classify Nutritional Status
<p>Look and feel:</p> <ul style="list-style-type: none"> Look for edema of both feet + + + + + Determine WFH/L* _____ z-score. Measure MUAC** _____ mm in a child 6 months or older. <p>If WFH/L less than -3 z-scores or MUAC less than 115 mm, then:</p> <ul style="list-style-type: none"> Check for any medical complication present: <ul style="list-style-type: none"> Any danger sign Any severe classification Pneumonia with chest indrawing If no medical complications present: <ul style="list-style-type: none"> Child is 6 months or older, offer RUTF*** to eat. <p>Is the child:</p> <ul style="list-style-type: none"> Not able to finish RUTF portion? Able to finish RUTF portion? 	<p>If UNCOMPLICATED SEVERE ACUTE MALNUTRITION:</p> <ul style="list-style-type: none"> Give oral antibiotics for 5 days Continue breastfeeding Give ready-to-use therapeutic food if available for a child aged 6 months or more Counsel the mother on how to feed the child Assess for possible TB infection Advise mother when to return immediately Follow-up in 7 days <p>If MODERATE ACUTE MALNUTRITION</p> <ul style="list-style-type: none"> Assess the child's feeding and counsel the mother on the feeding If feeding problem, follow up in 5 days Assess for possible TB infection Advise mother when to return immediately Follow up in 30 days <p>If NO ACUTE MALNUTRITION</p> <ul style="list-style-type: none"> If the child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the feeding recommendations Give micronutrient powder supplement If feeding problem, follow up in 5 days

*WFH/L is Weight-for Height or Weight-for-Length determined by using the WHO growth standards charts.

**MUAC is Mid-Upper Arm Circumference measured using MUAC tape in all children 6 months or older

***RUTF is Ready-to-Use Therapeutic Food for conducting the appetite test and feeding children with severe acute malnutrition