



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 14, 2019

DEPARTMENT MEMORANDUM

No. 2019 - 0064

**TO: ALL CENTERS FOR HEALTH DEVELOPMENT DIRECTORS
AND MEDICAL CENTER CHIEFS AND CHIEF OF
HOSPITALS OF THE DEPARTMENT OF HEALTH**

**SUBJECT: Guidelines in Containing Measles Outbreak in all Primary Care
Facilities and Hospitals**

I. RATIONALE

Measles is an acute viral respiratory illness characterized by fever and malaise, cough, coryza, and conjunctivitis, skin rashes lasting more than three (3) days. It is transferred from person to person by sneezing, coughing and close personal contact.

The DOH Epidemiology Bureau noted an increase in reported measles by 376 percent as of December 31, 2018. Of the confirmed cases, 66% were unimmunized and 33% had unknown measles vaccination status.

To control transmission and curb the outbreak, all health facilities are mandated to implement the following infection control measures.

II. SCOPE AND COVERAGE

This memorandum provides guidelines on the management of suspected and confirmed measles cases in all hospitals under the Department of Health.

III. DEFINITION OF TERMS

- a. **Confirmed measles case** - A suspected measles case with a positive laboratory test result for measles-specific IgM antibodies or other approved laboratory test method
- b. **Suspected measles case** - Any person with fever and maculopapular rash (non-vesicular) and either cough, coryza (runny nose) or conjunctivitis (red eyes)¹
- c. **Epidemiologically-linked confirmed cases** - A suspect measles case that has not been confirmed by a laboratory but temporally and geographically related, with dates of rash onset occurring between 7-21 days apart, to a laboratory-confirmed case or, in the event of a chain of transmission, to another epidemiologically-linked measles case.

¹ PIDSR MOP Volume 2, Guidelines for Diseases, Syndromes, and Health Events under Surveillance



The following situations are considered credible epidemiologically-linked and should be considered:

1. A case in the same village or urban community or
2. A case in a neighbouring community with contact occurring through schools, markets and social events or
3. People who have travelled to countries known to have measles circulating during the past 7 to 21 days²

IV. IMPLEMENTING GUIDELINES

A. Primary Care Facilities

a. Triage

- i. Consider measles in the differential diagnosis of patients with clinically compatible symptoms.
- ii. Provide a fast lane and separate triage and waiting area for suspected measles cases

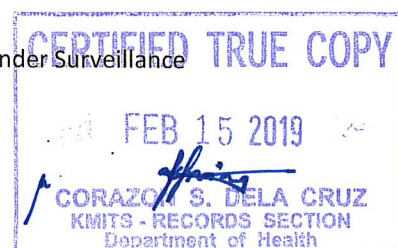
b. Assessment and management by primary care provider

- i. Perform quick assessment, proper care and management using the standard operating procedures (SOPs) following the Integrated Management for Childhood Illness (IMCI) (Annex 1).
- ii. If suspected measles with no complications, advice patient to:
 1. stay home and limit contact with other people until 5 days after rash appears (measles cases are contagious 4 days before and 4 days after rash appears)
 2. wear a mask and avoid contact with other susceptible persons (i.e children, pregnant women, immunocompromised)
 3. watch out for signs and symptoms of complications (such as severe diarrhea, pneumonia, etc.) and immediately go to hospital once these appear.
- iii. If suspected measles with complications,
 1. fill out referral forms indicating diagnosis of suspected measles and noted complications
 2. ensure availability of isolation room/bed at referral facility prior to transfer
 3. advice companion of the patient to wear mask at all times (preferably N95)

c. Personnel

- i. Ensure staff attending to suspected patients use masks at all times, N95 masks if available

² PIDSR MOP Volume 2, Guidelines for Diseases, Syndromes, and Health Events under Surveillance



B. Hospital

a. Triage

- i. No cases, whether suspected or confirmed measles, shall be refused.
- ii. Provide measles fast lane and separate triage and waiting area for suspected measles cases, separate from regular emergency room and wards.
- iii. Place visible signs at the entrance of the facility directing patients to a "fast lane" for patients suspected with measles.
- iv. Ensure availability of hospital staff at the entrance of the facility to direct patients to the designated area
- v. Provide all suspected cases with masks, N95 masks if available, upon entry to the special designated area.
- vi. Ensure that all are required to keep masks on until immunization status and infection status are confirmed
- vii. Limit companion to one per patient only.
- viii. Administer recommended age-specific Vitamin A treatment to all suspected cases

b. Contact Management

- i. Observe standard precautions, such as hand hygiene and respiratory hygiene with cough etiquette at all times.
- ii. Ensure availability of hand hygiene facilities and supplies in areas where suspected and confirmed patients are being managed.

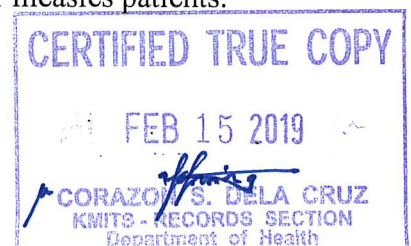
c. Personnel

- i. Health care personnel susceptible to contracting measles shall not enter the room of a patient with suspected or confirmed measles.
- ii. Health care personnel attending to suspected patients shall:
 1. Use masks at all times, N95 masks if available
 2. Wear hospital gown or change clothes after shift, i.e. clothes worn during contact with patient should not be worn outside

d. Patients for Discharge

- i. Give all well patients 6-59 months and 5-12 years Measles Containing Vaccine (MCV) dose based on the patient's immunization record
- ii. Provide micronutrient powder upon discharge

- e. In cases where hospitals exceed its capacity to admit patients, the hospital shall identify and coordinate with nearby appropriate health facility with available rooms/beds for measles patients.



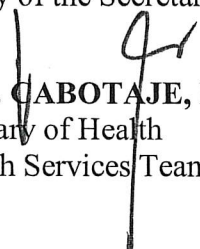
C. Recording and Reporting

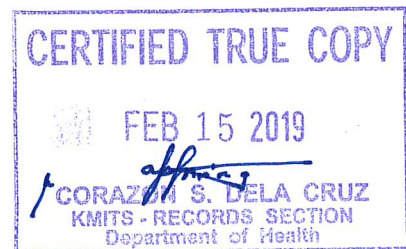
- a. Hospitals shall report bed availability to the CHD
- b. Hospitals shall report:
 - i. Suspected measles cases (outpatient and inpatient) to the CHD surveillance unit according to protocol based on timeline, zero reporting using the prescribed form
 - ii. Morbidity and mortality of outpatient and inpatient measles cases (*see Annex*). Disaggregate outpatient and inpatient measles cases, morbidity and mortality using the prescribed form (*see Annex*)
- c. Hospitals shall investigate all suspected measles cases using the standard measles-rubella case investigation form (*see Annex*)

All Department Memorandum, issuances or parts which are inconsistent with this department memorandum are hereby repealed.

For guidance and strict compliance.

By Authority of the Secretary of Health:


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





Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Measles-Rubella

(ICD 10 Code: B05; B06)



Name of DRU:	Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic
DRU Complete Address:	<input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport

I. PATIENT INFORMATION

Patient Number	EPI ID	Patient's First Name	Middle Name	Last Name
Complete Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If Yes, weeks of pregnancy _____	Date of Birth: MM DD YY ____/____/____	Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
District:	ILHZ:	Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Admitted/ Seen/Consult	MM DD YY
Name of parent/caregiver:		Contact Nos.:		
Date of Report:	MM DD YY	Name of reporter:	Contact Nos.:	
Date of Investigation:	MM DD YY	Name of investigator/s:	Contact Nos.:	

II. CLINICAL DATA

Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: ____/____/____	Arthralgia/arthritis: <input type="checkbox"/> Y <input type="checkbox"/> N Swollen lymphatic nodules: <input type="checkbox"/> Y <input type="checkbox"/> N	Are there any complications? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify: _____ Other symptoms: _____ Working/Final Diagnosis: _____
Rash: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: ____/____/____	If yes, specify location: <input type="checkbox"/> cervical <input type="checkbox"/> sub-occipital <input type="checkbox"/> post-auricular <input type="checkbox"/> others, specify _____	
Cough: <input type="checkbox"/> Y <input type="checkbox"/> N		
Koplik sign: <input type="checkbox"/> Y <input type="checkbox"/> N		
Runny nose/coryza: <input type="checkbox"/> Y <input type="checkbox"/> N		
Red eyes/conjunctivitis: <input type="checkbox"/> Y <input type="checkbox"/> N		

III. VACCINATION HISTORY AND VITAMIN A SUPPLEMENTATION

Patient received measles-containing vaccine (MCV)?	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes, indicate the number of doses whichever is applicable:	MV____ MR____ MMR____
Date last dose received MCV: ____/____/____	
Was vaccination received during special campaigns?	<input type="checkbox"/> Y <input type="checkbox"/> N
If patient did not receive any MCV, state the reason/s:	
<input type="checkbox"/> Mother was busy	<input type="checkbox"/> Child was sick
<input type="checkbox"/> Against belief	<input type="checkbox"/> No vaccine available
<input type="checkbox"/> Medical contraindication	<input type="checkbox"/> Vaccinator not available
<input type="checkbox"/> Fear of side effects	<input type="checkbox"/> Not eligible for vaccination
<input type="checkbox"/> Forgot schedule	<input type="checkbox"/> Other reasons, specify _____
Was the patient given Vitamin A during this illness?	<input type="checkbox"/> Y <input type="checkbox"/> N

IV. EXPOSURE HISTORY

History of travel in another province, city or country: <input type="checkbox"/> N <input type="checkbox"/> Y If Yes: If YES, specify place: _____
Date traveled: From ____/____/____ To ____/____/____
Indicate timing of travel relative to rash onset: <input type="checkbox"/> <7 days from rash onset <input type="checkbox"/> 7-21 days from rash onset <input type="checkbox"/> >21 days from rash onset
Tick the type of place where exposure probably occur: <input type="checkbox"/> Day care <input type="checkbox"/> Barangay <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Dormitory <input type="checkbox"/> work place <input type="checkbox"/> Others, specify _____
*Was there contact with a measles/rubella case (or individual with rash and fever) 7-21 days prior to rash onset? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If YES, full name of contact: _____ Date of contact ____/____/____
Name of barangay & municipality/city: _____
*Are there other known cases with fever and rash (regardless of presence of 3 C's) in the community? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U

* Note: If the answer to any of the last two questions is YES, coordinate with the ESU for validation and field investigation

Measles-Rubella Case Investigation Form

V. LABORATORY TESTS							
Specimen collected (Put ✓ in the box Provided)	If YES, Date Collected	Date sent to RITM	Date received in RITM (to be filled up by RITM)	Measles IgM Result	Rubella IgM Result	Virus Isolation Result	PCR Result
<input type="checkbox"/> Serum	___/___/___	___/___/___					
<input type="checkbox"/> Dried Blood Spot	___/___/___	___/___/___					
<input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab?	___/___/___	___/___/___					
<input type="checkbox"/> OraCol?	___/___/___	___/___/___					

VI. FINAL CLASSIFICATION	VII. SOURCE OF INFECTION
<input type="checkbox"/> Laboratory confirmed measles <input type="checkbox"/> Epi-linked confirmed measles <input type="checkbox"/> Clinically Measles compatible <input type="checkbox"/> Vaccine-associated measles	<input type="checkbox"/> Endemic <input type="checkbox"/> Imported <input type="checkbox"/> Import-related <input type="checkbox"/> Unknown

VIII. OUTCOME: ☐ Alive ☐ Died ☐ Unknown Date died: ___/___/___

FINAL DIAGNOSIS: _____

CASE DEFINITION

Suspected case: Any person with fever and maculopapular rash (non-vesicular) and either cough, coryza (runny nose) or conjunctivitis (red eyes)

CLASSIFICATION

- 1. Laboratory-confirmed measles case:** A suspected measles case that has been confirmed by the National Measles Laboratory (NML) of the Re-search Institute for Tropical Medicine as positive for measles IgM antibodies and/or positive for measles virus Isolation or Polymerase Chain Reaction (PCR).
- 2. Epidemiologically linked confirmed measles case:** A suspect measles case that has not been confirmed by a laboratory but temporally and geographically related, with dates of rash onset occurring between 7-21 days apart, to a laboratory-confirmed case or, in the event of a chain of transmission, to another epidemiologically-linked measles case.
- 3. Clinically measles compatible case:** A suspect measles case for which no adequate specimen was taken and which has not been linked epi-demiologically to a laboratory confirmed measles case or another laboratory-confirmed communicable disease.
- 4. Laboratory-confirmed rubella case:** A suspected measles case that has been confirmed by the NML as positive for rubella IgM antibodies.
- 5. Epidemiologically linked confirmed rubella case:** A patient with a febrile rash illness that is negative for measles and epidemiologically-linked to a laboratory-confirmed rubella case
- 6. Discarded as Non-measles and Non-Rubella:** A suspect case that has been investigated and discarded as a non-measles and non-rubella case using (1) laboratory testing by the NML or (2) epidemiological linkage to a laboratory-confirmed case/outbreak of another communicable disease that is neither measles nor rubella.

LABORATORY CONFIRMATION:

- Positive serologic test result for anti-measles IgM antibodies
- Fourfold rise in anti-measles IgG antibodies in acute and convalescent serum
- Isolation of measles virus
- Dot immunobinding assay
- Polymerase chain reaction testing for measles nucleic acid

Therapeutic Dosage of Vitamin A for Measles cases:

- 50,000 IU for children <6 months old
- 100,000 IU for children 6 to 11 months old
- 200,000 IU for children 12 to 71 months old

Note:

The therapeutic dosage of Vitamin A for measles cases should be given upon diagnosis regardless of when the last dose of vitamin A capsule was given.