Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 14, 2019

DEPARTMENT MEMORANDUM
No. 2019 - 0063

TO : **ALL CENTERS FOR HEALTH DEVELOPMENT (CHD) DIRECTORS**

SUBJECT : **National Reporting of Measles Cases and Deaths**

The Secretary of Health has declared an outbreak of measles in several regions in the country which is a cause for national alarm. With this memorandum, all Directors of Centers for Health Development (CHD) are directed to ensure their Regional Epidemiology and Surveillance Units (RESU) officers and DOH hospitals Medical Center Chiefs to submit complete and timely data as basis for action.

A. REPORTING

Measles reporting through Philippine Integrated Disease Surveillance and Response (PIDSR) and Community Reporting shall follow the measles case reporting flow (Annex A). Case definition of measles for PIDSR and Community Reporting is in Annex B.

A.1. PIDSR Reporting

PIDSR reports by the RESU of different CHDs must be submitted to the Epidemiology Bureau (EB) in Meta Database (MDB) file on or before 9:00 AM daily. The latter will consolidate, merge and do data cleaning for analysis and subsequently generate a National Measles Update Report for the Secretary by 9:00 AM the following day.

A.2. Community Reporting

Clinically diagnosed and laboratory confirmed cases of measles seen during consultation at BHS/BHC, RHU/MHC and City Health Offices shall be collected and be reported through SMS as aggregated data to the RESU at 3:00 PM daily. Number of new cases seen in the catchment area and not number of visits shall be counted and reported. A patient who has measles and diarrhea shall be reported both as a measles case and a diarrhea case.

Data to be collected for the day for submission to RESU are:

1. Total Number of New Measles Cases
    a. Alive
    b. Dead
2. Case Distribution as to:
    a. Age range
    b. Sex
    c. Vaccination Status
3. Case Distribution by Provinces, Municipalities and Cities

A DOH deployed health personnel will be identified for the collection of community cases. The consolidated report at the RESU should be stratified by provinces, cities and municipalities and shall be submitted to EB at the same time (9:00 AM the following day) as the PIDSR report.

Collected data for the day shall be entered in a linelist (Annex C) to be submitted to the RESU every Friday for encoding in a software developed by EB.

A.3. Surveillance Data Zero Case Reporting

When no measles cases are detected for the day, the reporting unit shall submit a "zero case report". This shall be reflected in the consolidated RESUs Report to EB.

B. GUIDE IN DECLARING EPIDEMICS

Declaration of an epidemic shall be validated by the CHD supported by scientific evidence. These include:

1. Surveillance information, including:
    a. Percentage of change difference in the number of cases from present to previous year
    b. Comparison of cases in a given time against alert and epidemic thresholds
    c. Sudden increase of cases in a given geographical location over time
    d. Disease cycle validating on expected rise in cases due to accumulation of susceptibles
    e. For Vaccine Preventable Diseases (VPD), vaccine coverage should be factored in
2. Epidemiologic investigation
    - descriptive or analytic study
3. Laboratory findings

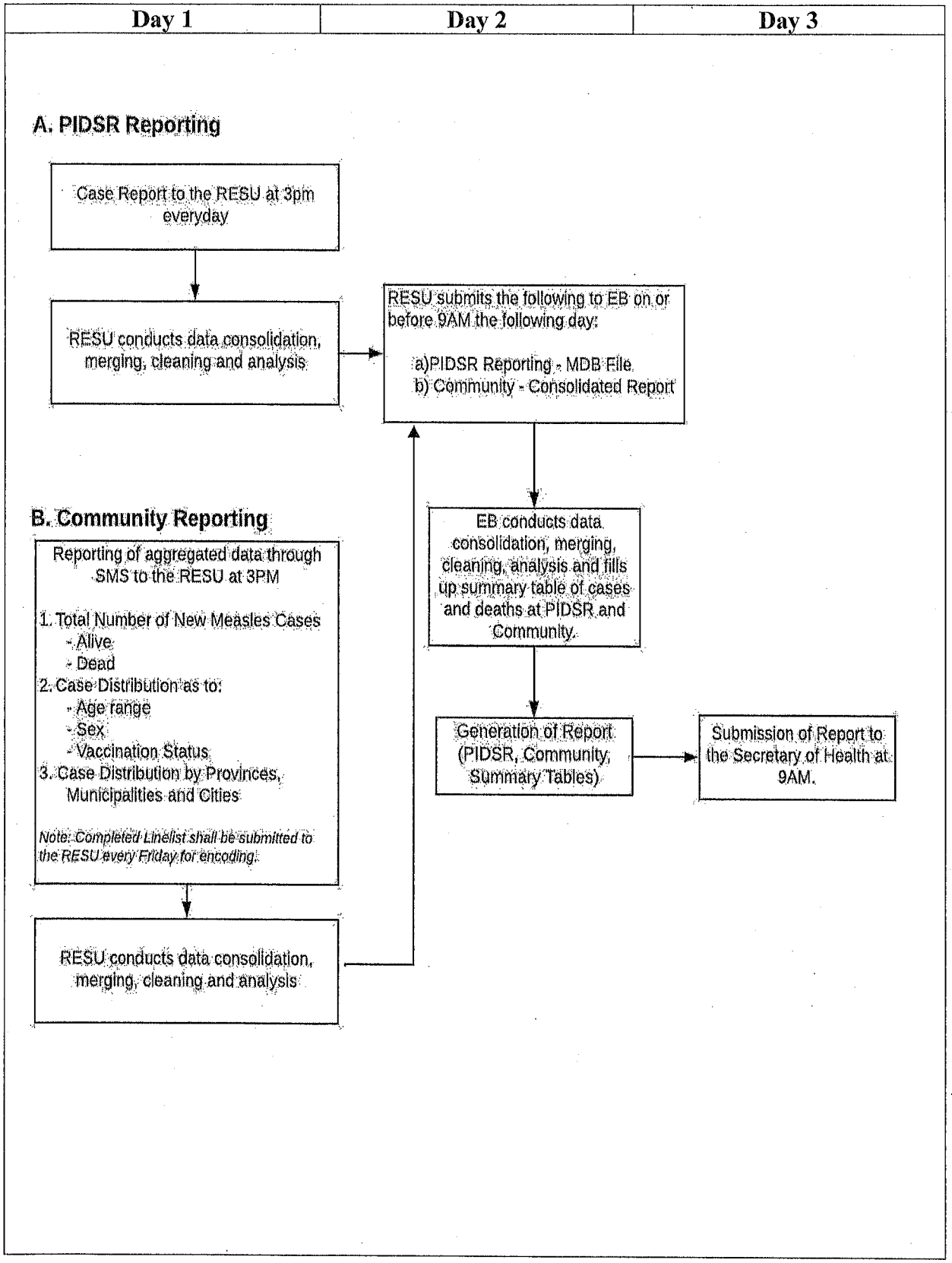
The DOH Rules and Regulations Implementing the Local Government Code of 1991 (DOH RRILGC of 1991), Chapter 11, Section 44 c, specifies that the Department of Health has the final decision regarding the presence of epidemic, pestilence, or other widespread public health danger in a particular area or region. In compliance to this rule, the Secretary of Health shall have the sole authority to affirm or reverse any declaration of an epidemic.

For your compliance.

By Authority of the Secretary of Health:

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

Annex A
Measles Case Reporting Flow



Annex B

I. PIDSR Standard Case Definition and Case Classification of Measles

a. **Suspected Case:** Any person with fever and maculopapular rash and either cough, coryza or conjunctivitis.

b. **Laboratory confirmed measles case:** A suspected measles case confirmed by the National Measles Laboratory (NML) as positive for measles IgM antibodies and/or Polymerase Chain Reaction (PCR).

c. **Epidemiologically-linked confirmed case (measles):** 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.

***Under circumstances when there is no specimen or inadequate specimen, cases may be confirmed by epidemiological linkage.**

d. **Clinically measles compatible case:** A suspect measles case for which no adequate specimen was taken and which has not been linked epidemiologically to a laboratory confirmed measles case or another laboratory-confirmed communicable disease.

e. **Discarded non-measles/non-rubella case:** A suspect case that has been investigated and discarded as a non-measles case using Laboratory testing by the NML or epidemiological linkage to other disease.

II. Community Reporting

Measles shall be defined as fever and rash with at least one of the 3Cs (Cough, Coryza and Conjunctivitis).

III. Triggers for Epidemic Detection

Epidemics can be detected through the following surveillance systems:

1. **Case-based Surveillance**: routine collection of data, analyzed on a periodic basis (e.g. PIDSR).
2. **Event-based Surveillance**: reports are received anytime from sources outside the routine reporting system (e.g. Media reports).
3. **Laboratory-based Surveillance**: reporting of laboratory results based on criteria (e.g. Influenza surveillance).

Annex C

Form 1: Linelist of Measles Cases

Municipality/City: _____ Date of Completion: _____

Name of RHU/BHS: _____

No.	Name of Case	Date Onset of Fever or Rash	Age		Sex	Barangay	Vaccinated? Yes/No	Place ✓ if vaccine has been given*			Outcome of Disease (Dead or Alive)
			Yrs.	Mos.				AMV	MMR	MR	

**AMV - Anti-Measles Vaccine or MCV1; MMR - Measles, Mumps, Rubella Vaccine or MCV2; MR - Measles, Rubella Vaccine*

Guide for Reporting Age Range

Less Than 1 yr.		1-4 yrs.		5-9 yrs.		10-14 yrs.		15-19 yrs.		20-24 yrs.		25-29 yrs.		30-34 yrs.		35-39 yrs.	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

40-44 yrs.		45-49 yrs.		50-54 yrs.		55-59 yrs.		60-64 yrs.		65-69 Yrs.		70 yrs. & above		Total	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female