Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

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MEMORANDUM
OM-OUOPS-2025-__-____

FOR : **REGIONAL DIRECTORS**
SCHOOLS DIVISION SUPERINTENDENTS
PRINCIPALS/SCHOOL HEADS/TEACHERS-IN-CHARGE CONCERNED
ALL OTHER CONCERNED

FROM : **DEXTER A. GALBAN** 2/11/25
Assistant Secretary, Officer-In-Charge
Office of the Undersecretary for Operations

SUBJECT : **ADVISORY ON THE PREVENTION OF HAND, FOOT AND MOUTH DISEASE**

DATE : February 5, 2025

The Department of Education, through the Bureau of Learner Support Services-School Health Division (BLSS-SHD) hereby issues this Advisory on the Prevention of Hand, Foot and Mouth Disease (HFMD).

HFMD is a highly contagious viral infection that commonly affects children and is caused by enteroviruses such as Coxsackievirus. It spreads through direct contact with an infected person's saliva, nasal discharge, blister fluid, or contaminated surfaces. Symptoms include fever, sore throat, reduced appetite, and characteristic rashes or sores on the hands, feet, and mouth.

To ensure the health and safety of learners, teacher and nonteaching staff in the schools, the following preventive measures must be observed and followed:

1. **Promote Proper Hygiene and Sanitation**
   - Encourage frequent handwashing with soap and water.
   - Provide alcohol-based hand sanitizers in classrooms and common areas.
   - Regularly disinfect high-touch surfaces such as doorknobs, tables, and learning materials.
2. **Monitor and Report Cases**
   - Require learners and staff with symptoms to stay at home until fully recovered.
   - Establish a reporting system for suspected cases and coordinate with local health offices.

3. **Strengthen Health Education and Awareness**
    - Conduct information drives on HFMD transmission, symptoms, and preventive measures.
    - Involve parents and guardians in promoting personal hygiene and early detection of symptoms.
4. **Implement Infection Control Protocols**
    - Limit sharing of personal items such as utensils, towels, and toys.
    - Ensure proper ventilation in classrooms and common areas.
    - Isolate affected individuals and provide support for their recovery.

Schools are advised to work closely with the schools division health personnel, local health offices and the DOH for guidance on response measures and outbreak management.

For further queries regarding this concern, please contact Dr. Maria Corazon C. Dumlao and/or Dr. Mariblanca C.P. Piatos, from the BLSS-SHD at telephone no. (02) 8632-9935 or email at blss.shd@deped.gov.ph.

Your attention and adherence to this advisory is highly appreciated.

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 28, 2022

DEPARTMENT MEMORANDUM
No. 2022 - 0572

FOR: **ALL UNDERSECRETARIES OF THE FIELD IMPLEMENTATION AND COORDINATION TEAMS, ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, MEDICAL CENTER CHIEFS / HEADS OF DOH HOSPITALS, AND OTHERS CONCERNED**

SUBJECT: **Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for Hand, Foot and Mouth Disease (HFMD)**

I. BACKGROUND

Hand, foot, and mouth disease (HFMD) is a highly contagious viral disease affecting various life stages but occurs most often in childhood. Most HFMD cases are mild, self-limiting, and non-fatal if caused by the enterovirus Coxsackievirus A16 (CA16) but may progress to meningitis, encephalitis, and polio-like paralysis if left unmanaged, sometimes resulting in death, if caused by Enterovirus 71 (EV71). The latter led HFMD to be included as one of the priority diseases/ syndromes/ conditions targeted for surveillance under Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" with a category of ***immediately notifiable*** or Category I.

In 2022, reported HFMD clusters peaked in October with a total of 38 health events. As of November 27, 2022, 3,365 HFMD cases have been reported but there are no reported fatalities in the Philippines. This Department Memorandum is hereby issued to provide additional guidance on the management of HFMD in facility, community, household, and individual-based settings in addition to the guidelines available in the Omnibus Health Guidelines per Lifestage as disseminated through Department of Health (DOH) Department Circular No. 2022-0344, DOH Department Memorandum (DM) No. 2020-0097: "Guidelines on the Implementation of Hand, Foot and Mouth Disease Surveillance, Clinical Management and Preventive Measures", and its reiteration in DM No. 2022-0034.

Currently, the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy is being used to address HFMD and shall be the guiding principle in this issuance.

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Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: http://www.doh.gov.ph; e-mail: dohosec@doh.gov.ph

II. GENERAL GUIDELINES

A. Prevention

1. Perform mandatory hand washing with soap and water, and hand hygiene using alcohol-based sanitizer, in all opportunities and occasions, especially in the hospital and household settings;
2. Strengthen infection prevention and control measures in all settings;
3. Avoid sharing of personal items such as spoons, cups, and utensils;
4. Use appropriate personal protective equipment (i.e. properly fitted face mask, gloves, and gown) when caring for a patient with HFMD; and
5. Observe Minimum Public Health Standards (MPHS), especially when sneezing and coughing, as well as physical distancing.

B. Detection

1. Assess the presence of common clinical manifestations for HFMD such as fever, mouth sores, and papulovesicular skin rash, which is usually seen in the palms of the hands and soles of the feet but may also occur as maculopapular rashes without vesicles and may also involve the buttocks, arms, and legs;
2. Conduct history taking and complete physical examination, with particular attention on BP and HR measurement and neurologic examination to detect or elicit any warning sign of central and autonomic nervous system and cardiorespiratory system involvement (Annex A), which may warrant referral to a higher level of care;
3. Guidelines for public health surveillance are as follows:

   i. All primary care providers, clinicians and public health authorities shall report any suspect, probable, and confirmed case within 24 hours to the DOH through the Local Epidemiology and Surveillance Units (ESU)

   ii. Classify cases of HFMD following these prescribed definitions:
   - ***Suspect case*** *- Any individual, regardless of age, who developed acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers in the mouth.*
   - ***Probable case*** *- A suspected case that has not yet been confirmed by a laboratory test, but is geographically and temporally related to a laboratory-confirmed case.*
   - ***Confirmed case*** *- A suspected/ probable case with positive laboratory result for human Enteroviruses that cause HFMD.*

   iii. Local ESUs shall report clusters of **all Suspect, Probable, and Confirmed cases** of HFMD immediately to the Event-based Surveillance and Response Unit of the Epidemiology Bureau

   iv. Specimen samples for laboratory confirmation shall be collected from reported clusters of HFMD cases

4. Laboratory confirmation of HFMD cases shall be done through Reverse Transcription Polymerase Chain Reaction (RT-PCR) of throat swab, vesicles, or stool. However, clinical diagnosis is often sufficient and the absence of a confirmatory laboratory test should not hinder the initiation of case management.
5. A completely filled out Case Report Form (Annex C) along with the specimen for laboratory confirmation shall be submitted to the Research Institute for Tropical Medicine (RITM)

C. Isolation

1. Isolate patients with HFMD following standard precautions with droplet and contact infection control procedures. HFMD is mainly transmitted through person-to-person contact, including contact with infected nose and throat secretions or respiratory droplets, infected fluid from blisters or scabs, and infected fecal material; and
2. Advise parents/guardians to ensure that children with suspect, probable, or confirmed HFMD should remain at home, avoid attending school, day-care facilities, or other face-to-face activities until the patient is already afebrile and all of his/her vesicles have dried up, and adhere to the advice of the Health Care Provider.

D. Treatment

1. Classify the patient's disease stage or severity. Patients with Uncomplicated HFMD may be managed in an out-patient setting, while more severe cases should be given emergent management and referred for admission and inpatient care in a higher level facility with specialists. The classification for disease severity may be found in **Annex A.**

- **For Uncomplicated HFMD:**
  - i. Provide supportive treatment and prevent dehydration by ensuring appropriate fluid intake; and
  - ii. Provide over-the-counter medications such as Paracetamol for fever and painful sores; and
  - iii. Advise the patient and the parent/guardian to seek medical consultation immediately if symptoms persist beyond 10 days, if the condition becomes severe or is accompanied by nervous system and cardiorespiratory signs and symptoms as shown in Annex A.

- **For HFMD with CNS Involvement, Autonomic Nervous System Dysregulation, or Cardiopulmonary Failure**: provide basic emergency support and facilitate immediate referral and transfer to a hospital.

E. Reintegration

1. Individuals with uncomplicated HFMD usually recover in 7 to 10 days and can resume regular activities upon recovery. Advise them to continue practicing the Minimum Public Health Standards (e.g., mask-wearing, respiratory hygiene/ cough etiquette, physical distancing, and hand washing/ hand sanitation); and
2. Advise parents/guardians to prepare the child to return to school, day-care facilities, and attend other face-to-face activities depending on the assessment and advice of the attending physician.

For dissemination and compliance.

By Authority of the Secretary of Health:

BEVERLY LORRAINE C. HO, MD, MPH
OIC-Undersecretary of Health
Public Health Services Team

ANNEX A. WHO Warning Signs for CNS Involvement in HFMD

Warning signs of CNS involvement includes one or more of the following:	
Fever $\geq 39°C$ or for ≥ 48 hours	Limb weakness
Vomiting	Truncal ataxia
Lethargy	"Wandering eyes"
Agitation/irritability	Dyspnea/tachypnea
Myoclonic jerks	Mottled skin

ANNEX B. WHO Classification for Disease Severity in HFMD

Classification	**Criteria**
Uncomplicated HFMD	Patients with no warning signs **AND** any of the following: • Skin rash • Oral Ulcers
HFMD with CNS Involvement	Patients **with HFMD AND** any of the following: • Meningism • Myoclonic jerks • Ataxia, tremors • Lethargy • Limb weakness
HFMD with Autonomic Nervous System (ANS) Dysregulation	Patients **with CNS involvement AND** any of the following: • Resting Heart Rate at 150-170 bpm • Hypertension • Profuse Sweating • Respiratory Abnormalities (Tachypnea, Labored breathing)
HFMD with Cardiopulmonary Failure	Patients with **ANS Dysregulation AND** any of the following: • Hypotension/ Shock • Pulmonary edema/ hemorrhage • Heart Failure

ANNEX C. PIDSR Case Report Form for Hand, Foot and Mouth Disease and Severe Enteroviral Disease

Philippine Integrated Disease Surveillance and Response

Case Report Form

Hand, Foot and Mouth Disease and Severe Enteroviral Disease

Name of DRU:

Address:

Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic ☐Gov't Laboratory ☐Private Laboratory ☐Airport/Seaport

I. PATIENT INFORMATION

Patient Number | Patient's First Name | Middle Name | Last Name

Complete Address | Date of Birth mm/dd/yy ___/___/___ | Age ☐ Days ☐ Months ☐ Years | Sex ☐ Male ☐ Female

District

Patient admitted? ☐Y ☐N | Date Admitted/Seen/Consult: mm dd yy | Date Onset of Illness: mm dd yy

Date of Investigation: mm dd yy | Name of Investigators: | Contact Nos:

II. CLINICAL INFORMATION

Fever: ☐Y ☐N

Date onset: ___/___/___

Rash: ☐Y ☐N

Date onset: ___/___/___

☐palms ☐fingers

☐soles of feet ☐Buttocks

☐Mouth ulcers

Painful? ☐Y ☐N

Characteristic:

☐ maculopapular ☐ papulovesicular

Other signs/symptoms (please tick)

☐ Poor/loss of appetite

☐ Body malaise

☐ Sore throat

☐ Nausea & vomiting

☐ Difficulty of breathing

☐ Acute Flaccid Paralysis

☐ Meningeal irritation

Others, specify: ____________

Are there any complications?

☐Y ☐N

If YES, specify: ____________

Working/Final Diagnosis

III. EXPOSURE HISTORY

Is there a history of travel within 12 weeks to an area with ongoing epidemic of HFMD or EV Disease? ☐ Y ☐ N

Are there other known cases in the community? ☐ Y ☐ N

Where did exposure probably occur?

☐Day care ☐Community ☐School ☐Dormitory

☐Home ☐Health Care Facilities ☐Others, specify ____________

IV. LABORATORY TESTS

Specimen	If YES, Date Collected	Date sent to RITM	Date received at RITM	Result: Positive, Negative, Not Done	Specify organism	Date of result
☐Throat swab	___/___/___	___/___/___	___/___/___			___/___/___
☐Vesicle swab	___/___/___	___/___/___	___/___/___			___/___/___
☐Rectal swab	___/___/___	___/___/___	___/___/___			___/___/___
☐ Stool	___/___/___	___/___/___	___/___/___			___/___/___

V. CLASSIFICATION

☐Suspected case of HFMD ☐ Suspected case of Severe Enteroviral Disease

☐Probable case of HFMD ☐Confirmed case of Severe Enteroviral Disease

☐Confirmed case of HFMD

VI. OUTCOME

☐ Alive ☐ Died

Date died: ___/___/___

Hand, Foot and Mouth Disease and Severe Enterovirus Disease

CASE DEFINITION/CLASSIFICATION:

Suspected case of HFMD: Any individual, regardless of age, who develop acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers in the mouth.

Probable case of HFMD: A suspected case that has not been confirmed by a laboratory, but is geographically and temporally related to a laboratory-confirmed case.

Confirmed case of HFMD: A suspected case with positive laboratory result for Human Enteroviruses that cause HFMD.

Suspected case of Severe Enteroviral Disease: Any child less than ten (10) years of age: with fever plus any severe signs and symptoms referable to central nervous system involvement, autonomic nervous system dysregulation or cardiopulmonary failure,

OR a suspect or probable HFMD case with complications
OR who died < 48hours after presenting with fever and CNS involvement;

Confirmed case of Severe Enteroviral Disease: A suspected Severe Enteroviral Disease that has positive laboratory results for Enteroviruses

COMPLICATIONS ASSOCIATED WITH HFMD AND SEVERE ENTEROVIRUSDISEASE:	
Aseptic Meningitis	Febrile illness with headache, vomiting and meningism associated with of more than 5-10 white cells per cubic milimeter in cerebrospinal (CSF) fluid, and negative results on CSF bacterial culture.
Brainstem encephalitis	Myoclonus, ataxia, nystagmus, oculomotor palsies, and bulbarpalsy in various combinations, with or without MRI. In resource –limited settings, the diagnosis of brainstem encephalitis can be made in children with frequent myoclonic jerks and CSF pleocytosis.
Encephalitis	Impaired consciousness, including lethargy, drowsiness or coma, or seizures or myoclonus.
Encephalomyelitis	Acute onset of hyporeflexic flaccid muscle weakness with myoclonus, ataxia, nystagmus, oculomotor palsies and bulbar palsy in various combinations.
Acute Flaccid Paralysis	Acute onset of flaccid muscle weakness and lack of reflexes.
Autonomic Nervous System (ANS) dysregulation	Presence of cold sweating , mottled skin, tachycardia, tachypnea, and hypertension;
Pulmonary oedema/haemorrhage	Respiratory distress with tachycardia, tachypnea, rales, and pink frothy secretion that develops after ANS dysregulation, together with a chest radiograph that shows bilateral pulmonary infiltrates without cardiomegaly.
Cardiorespiratory failure	Cardiorespiratory failure is defined by the presence of tachycardia, repiratory distress, pulmonary oedema, poor peripheral perfusion requiring inotropes, pulmonary congestion on chest radiography and reduced cardiac contractility on echocardiography.

ANNEX D. References

- **Centers for Disease Control and Prevention:** Hand, Foot and Mouth Disease
  Link: https://www.cdc.gov/hand-foot-mouth/index.html
- **Center for Health Protection - Department of Health**
  The Government of the Hong Kong Special Administrative Region: Management of Hand Foot Mouth Disease (HFMD) in Health Care Settings
  Link:
  https://www.chp.gov.hk/files/pdf/management_of_hfmd_in_health_care_settings_r.pdf
- **World Health Organization - Western Pacific Region:** A Guide to Clinical Management and and Public Health Response for Hand, Foot and Mouth Disease
  Link:
  https://apps.who.int/iris/bitstream/handle/10665/207490/9789290615255_eng.pdf?sequence=1&isAllowed=y

FEBRUARY 25, 2025

TO: Assistant Schools Division Superintendent
OIC/SGOD Chief Education Supervisor
CID Chief Education Supervisor
Education Program Supervisors
Public Schools District Supervisors
School Heads/OIC (All Public Schools)
All Others Concerned

For information and dissemination.

JOSE L. DONCILLO, CESO V
Schools Division Superintendent