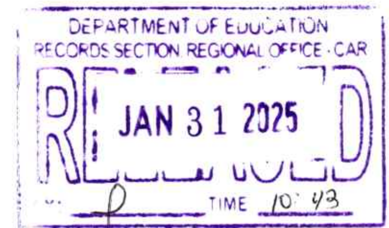

Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION

30 January 2025

REGIONAL MEMORANDUM
No. 071 . 2025

DISSEMINATION OF THE GUIDELINES ON THE PREVENTION, DETECTION, ISOLATION, TREATMENT AND REINTEGRATION (PDITR) STRATEGY FOR HAND, FOOT AND MOUTH DISEASE (HFMD)

To: Assistant Regional Director
Schools Division Superintendent
School Health Personnel
All Others Concerned

1. This Office through the Education Support Services Division-Health and Nutrition Section (ESSD-HNS) disseminates the Department of Health Memorandum No. 2022-0572 which is the **"Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for Hand, Foot and Mouth Disease (HFMD)"** dated November 28, 2022.

2. This memorandum is hereby issued to provide additional guidance on the management of HFMD in facility, community, household and individual-based settings. All Schools Division Offices, School Health Personnel, School Heads and teachers are encouraged to educate the learners to practice preventive habits such as personal hygiene, hand hygiene, respiratory hygiene, and cough etiquette to avoid the transmission of the infection.

3. Attached is Memorandum No. 2022-0572 from Department of Health for details.

4. Immediate dissemination and of compliance with this Memorandum is directed.

ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/Regional Director

ESSD/GCD/rsd/Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for Hand, Foot and Mouth Disease (HFMD)
January 30, 2025

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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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 ≥ 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