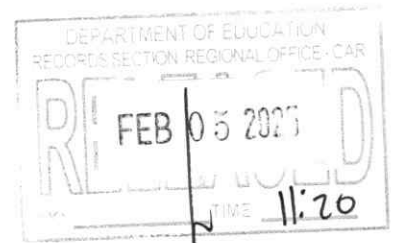




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



04 February 2025

REGIONAL MEMORANDUM

NO: 083.2025

**DISSEMINATION OF THE ADDITIONAL GUIDELINES ON THE
IMPLEMENTATION OF MASS DRUG ADMINISTRATION (MDA)
FOR SOIL-TRANSMITTED HELMINTHIASIS**

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

1. This Office through the Education Support Services Division-Health and Nutrition Section (ESSD-HNS) disseminates the Department of Health Advisory which is the **“Additional Guidelines on the Implementation of Mass Drug Administration (MDA) for Soil-transmitted Helminthiasis by the Local government Units (LGUs) for January and July 2025”** dated January 15, 2025.
2. This memorandum is hereby issued to further strengthen the implementation of the MDA activity in all provinces/city in the region. Hence, Schools Division Offices, School Heads and other concerned personnel are hereby instructed to ensure that the measures stated in the advisory are in place to control morbidity and sustain the reduction of disease transmission for both infections.
3. Attached to this memorandum is the Advisory from the Department of Health for reference.
4. For questions and clarifications, please contact Georgina C. Ducayso, ESSD Chief at cellphone number 0928-781-6074, or Dr. Raymond S. Damoslog, Medical Officer IV through email at raymond.damoslog@deped.gov.ph.
5. Immediate dissemination of and compliance with this Memorandum is directed.

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

Enclosure: As Stated

ESSD/GCD/rsd/lsan/ Dissemination of Additional Guidelines on the Implementation of MDA
February 4, 2025



Address: DepEd-CAR Compound, Wangal, La Trinidad, Benguet, 2601

Telephone No: (074) 422 - 1318

DepEd Tayo



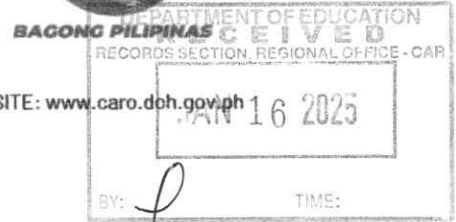
<https://depedcar.p>



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Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
 Cordillera Administrative Region




BGHMC Compound, Baguio City 2600

• TRUNK LINE #s: 09399876270; 09399887280; 09399817406; 09178132604 • WEBSITE: www.car.doh.gov.ph

ADVISORY

TO: ALL PROVINCIAL/ CITY HEALTH OFFICE INTEGRATED HELMINTH CONTROL PROGRAM (IHCP) COORDINATORS, RURAL HEALTH UNITS/ DISTRICT HEALTH CENTERS, REGIONAL/ PROVINCIAL/ CITY DEPED OFFICES IMPLEMENTING MASS DRUG ADMINISTRATION (MDA) SERVICES FOR SOIL-TRANSMITTED HELMINTHIASIS (STH)

FROM:  **FERDINAND M BENBENEN, MD, DPCP, MHA, FPSMS**
 DIRECTOR IV



DATE: January 15, 2025

SUBJECT: Additional Guidelines on the Implementation of Mass Drug Administration (MDA) for Soil-transmitted Helminthiasis by the Local Government Units (LGUs) for January and July 2025

Pursuant to DOH Department Circular No. 20240 0429, otherwise known as the “Guidelines on the Conduct of Mass Drug Administration (MDA) for Soil-Transmitted Helminthiasis (STH)”, please be guided by the attached advisory from the DOH-Central Office reflecting further guidance on the aforementioned. This aims to further strengthen the implementation of the MDA activity in all provinces/ city in the region. Key points emphasized herein are the following updates:

- a) Recommended interval on the administration of MDA drugs and vaccines
- b) Allowable interval on the administration of two rounds for STH MDA
- c) Population to be used for Program reporting
- d) Addressing Adverse Events Following Deworming
- e) Actual conduct of MDA activities
- f) Dissemination of IEC materials for SCH and STH (including vetted brochures)
- g) Delivery of allocated Praziquantel and Albendazole tablets to the CHDs
- h) Role of private schools in the conduct of MDA activities
- i) Integration of school-based and community-based STH MDA accomplishments

Moreover, all Provincial/ City DOH Offices and stakeholders are asked to assist the dissemination of this advisory to concerned recipients.

	PHSC	LHSD
Initial		
Date	1/15/25	1/16

1/16/25
 11:05




The **round metal gong** of the Cordillera known locally as “**gangsa**” is a symbol of the upland people’s culture that has been passed on from generations to another.
 The **profile of a person blowing a “tanggayub”** represents a community being called for an important matter or action.
 The **lines that shape the mountains, the rice terraces, clouds and rivers** symbolize the connectivity and flow of human interaction in a geographic area such as the Cordillera.
All the symbols combined represent unity and harmony of its people with culture and environment in beating the gong for self-determination





Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



ADVISORY

December 9, 2024

The Schistosomiasis Control and Elimination Program (SCEP) and the Integrated Helminth Control Program (IHCP) of the Department of Health (DOH) both aim to intensify its respective campaigns for the prevention and control of parasitic infections through the conduct of Mass Deworming Administration (MDA) activities with the former having its annual MDA every January and biannual MDA activities for the latter every January and July. The harmonized MDA campaigns are crucial in supporting the programs' Preventive Chemotherapy (PC) strategy to address the burden of both schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) infections for the past years.

The release of the DOH Department Circular (DC) No. 2024- 0429, otherwise known as the "*Guidelines on the Conduct of Mass Drug Administration (MDA) for Soil-Transmitted Helminthiasis (STH) for July 2024*" provided updated guidance and clarifications on the reporting process for the MDA, coordinating mechanisms, the actual conduct of both school-based and community-based deworming activities, and the dissemination of information and educational materials, promoting adherence to the MDA campaigns.

However, recent data recorded MDA rates below the national target of 85% for both SCH and STH MDA coverages. Per the Field Health Services Information System (FHSIS) database, MDA coverage for STH was recorded at 37% and 32% for rounds 1 and 2 of 2023, respectively. Meanwhile, MDA coverage for SCH was 43% for 2022. Various concerns and issues have emerged concerning the conduct of MDAs that have significantly contributed to the MDA accomplishment. Hence, all Centers for Health Development (CHDs) and the Ministry of Health (MOH) – BARMM are hereby instructed to ensure the following measures are in place to control morbidity and sustain the reduction of disease transmission for both infections.

A. On the Actual Conduct of MDA Activities

1. Recommended interval on the administration of MDA drugs and vaccines

There is limited evidence on the significant safety concerns or harm signals on simultaneous anti-helminthic and vaccine administration. Heterogeneous immune responses may develop due to vaccination and deworming. For instance, some individuals may experience side effects while others may not.

Meanwhile, the World Health Organization (WHO) emphasized the cost-effectiveness of integrating MDA with immunization programs for children. In other countries, large-scale interventions that deliver albendazole or mebendazole tablets with measles, polio, or BCG vaccines exist.

Manifestation of common adverse events caused by deworming drugs occur during the first 10 hours after intake and are considered to be mild and manageable as stated in Administrative Order (AO) No. 2015-0054 entitled, “*Revised Guidelines on Mass Drug Administration and the Management of Adverse Events Following Deworming (AEFD) and Serious Adverse Events (SAE)*”. Meanwhile, the occurrence of immediately notifiable adverse events following immunization (AEFIs) varies from one another as stipulated in AO No. 2023-0007 entitled, “*Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization (AEFI)*.”

Given the above scenario and with the pending conduct of expert evaluation, **local healthcare providers are advised to adopt a risk-based approach** in determining the ideal interval between the administration of MDA drugs and vaccines. Vaccine deferrals should be provided to children who exhibit adverse events due to MDA drug administration and a system should be set up to ensure that deferred children are followed up in accordance with Administrative Order No. 2021-0045 entitled, “*Guidelines on the Conduct of Routine Catch-up Immunization for Children*.”

2. Allowable interval on the administration of two rounds for STH MDA

There are instances in which logistical factors play a pivotal role in the timely conduct of MDA activities. Delays in the delivery could also cause delays in the actual conduct of deworming activities and could lead to inadvertent adjustments on the MDA schedule. Since STH MDA is being conducted biannually in the country, concerns about the allowable interval for the 2 rounds are frequently raised.

Although the WHO recommends annual and biannual conduct of STH MDA according to prevalence, it was implied that a six-month interval is ideal but not explicitly mentioned as mandatory. Currently, there are no studies found on the safety of Albendazole tablets when given at less than six months intervals. Further, studies conducted on the drug-safety review of albendazole and mebendazole showed no occurrence of severe adverse events.

In some studies, shortening the time between MDA rounds may limit the reestablishment of all STH species. Also, some countries such as Myanmar have conducted repeated MDAs (2,3, or 4 times a year) for a total of 3 years as one of the strategies applied to control STH infections which would have a minimum of 3-month interval per round.

In this regard, local healthcare providers are advised to assess the feasibility of conducting MDA activities with less than 6-month intervals to avoid readjusting the prescribed MDA schedule. Further, this is only applicable when there are delays in the delivery of MDA drugs, and adherence to the prescribed MDA schedule is still highly encouraged.

In the event that new evidence becomes available regarding this particular concern, an updated advisory shall be issued.

3. Population to be used for Program reporting

Much concern has been raised about the populations to be used for Program reporting. Per agreement during the Program Implementation Review (PIR) for IHCP last June 17-21, 2024, and November 11-15 for SCEP is to use the 'Actual Population'. This is defined as the number of 1 to 19 years old based on the master list in schools and communities for Soil-transmitted Helminthiasis (STH) and 5-65 years old residing in endemic areas based on the master list in communities for Schistosomiasis (SCH).

As stipulated in Department Memorandum (DM) No. 2016-0212 entitled "*Guidelines on the Implementation of the Harmonized Schedule and Combined Mass Drug Administration (HSCMDA) for the Prevention and Control of Lymphatic Filariasis, Schistosomiasis and Soil-Transmitted Helminthiasis*" the DOH Regional Office staff are responsible for reminding their counterparts on the relevant procedures on masterlisting one (1) month prior to the conduct of MDA.

Meanwhile, the Field Health Services Information System (FHSIS) Reporting shall still use the 'Population Estimates' based on the projections released by the Philippine Statistics Authority (PSA) as mentioned in DC No. 2024- 0429. This particular concern is one of the points of discussion during the consultation meetings on the updating of FHSIS Manual of Procedures (MOP) with the Epidemiology Bureau (EB).

4. Addressing Adverse Events Following Deworming

Albendazole, Mebendazole, and Praziquantel tablets are considered highly safe for MDA, with minimal and temporary adverse events. Minor reactions, such as mild discomfort, may occur in infected individuals, primarily as a result of the body's response to the dying worms. Heavily infected individuals are more likely to experience these reactions. Reports of adverse events are typically highest during the initial round of deworming and tend to decrease in subsequent rounds.

Thus, reiterating AO No. 2015-0054 entitled, "*Revised Guidelines on Mass Drug Administration and the Management of Adverse Events Following Deworming (AEFD) and Serious Adverse Events (SAE)*" and DM No. 2016-0212 entitled, "*Guidelines on the Implementation of the Harmonized Schedule and Combined Mass Drug Administration (IISCMDA) for the Prevention and Control of Lymphatic Filariasis, Schistosomiasis and Soil-Transmitted Helminthiasis*" for proper management and reporting of AEFDs. (Annex B: *Recommended drugs for the management of AEFD*)

5. Actual conduct of MDA activities

Reiterating DC No. 2024-0249 the conduct of STH MDA activities will gradually revert back to the previous schedule, encompassing the entire months of January and July for Round 1 and Round 2, respectively. This was also proposed in the series of consultation meetings with EB regarding the updating of the FHSIS MOP.

Due to the possibility of delays in the delivery of commodities that could affect the conduct of the deworming activities, the deadline for Program reporting for both SCH and STH for the January 2025 MDA Accomplishment Report is **on or before May 31, 2025.**

6. Dissemination of IEC materials for SCH and STH (including vetted brochures)

The Program collaborated with the Health Promotions Bureau (HPB) to develop the following campaigns for SCH ('Practice SNAILS') and STH MDAs as part of its rebranding to intensify its advocacy campaigns:

SCHISTOSOMIASIS

'Practice SNAILS:

Swim in Schistosomiasis-free areas

Never defecate in public spaces

Avoid contaminated water

Initiate participation in MDA

Locate and visit the nearest health facility

Stay informed

SOIL-TRANSMITTED HELMINTHIASIS

'Let's do the WORMS:

Wash hands

Observe proper use of toilet

Reduce exposure (to unwashed, uncooked, and undercooked food)

Mass deworming/Magpapurga

Slippers/Shoes

The consolidated IEC materials developed can be accessed through the following Google Drive: https://bit.ly/SCH_STH_mats.

Further, each region's IHCP and SCEP Regional Program Managers (PMs) and Coordinators are highly encouraged to coordinate accordingly with their respective Health Education and Promotion Units (HEPUs) for its translation into their respective dialects as deemed necessary, as well as the production and distribution of these materials in various channels.

7. Delivery of allocated Praziquantel and Albendazole tablets to the CHDs

The Program is in constant communication with the Central Office Supply Chain Management Service (SCMS) which includes the request to expedite the processing of pertinent documents and its delivery to each CHD. However, the third-party logistics (3PL) procurement is still ongoing according to the last update.

To ensure the delivery of medicines (**Annex C: Allocation List**) in time for the conduct of MDA activities, one of the options given by SCMS is for the CHDs to arrange the

pick-up of these commodities from the Central Office warehouse by coordinating with their respective Supply Officers (SOs). Should the region decide to pursue this option, the concerned SO must notify the Central Office SCMS to facilitate proper coordination. Meanwhile, the corresponding SCEP and IHCP Program Manager (PM)/ Coordinator should inform the Program as well for monitoring.

Currently, other options are being explored by the Program to ensure that these will be delivered at the earliest possible for other CHDs who would not be able to pick up and updates will be given in the group chats. Despite this initiative, all concerned are highly encouraged to explore other options as well to ensure that Praziquantel and Albendazole tablets are prepositioned and readily available during the deworming activities.

8. Role of private schools in the conduct of MDA activities

A Joint Administrative Order (JAO) on the Operational Guidelines on the Provision of Health and Nutrition Services to Learners and School Personnel in Basic Education Institutions (BEIs) with the Department of Education (DepEd) and the Department of the Interior and Local Government (DILG is yet to be approved and disseminated. This supposedly intends to broaden the scope of health services, including deworming activities, to cover private schools.

However, in the absence of an approved JAO, participation by private schools remains voluntary rather than mandatory as stated in DC No. 2020-0132 entitled, *“Adoption of the Integrated Helminth Control Program’s (IHCP) Strategic Plan for 2017-2022”*. This is one of the challenges frequently raised during meetings with CHD Regional PMs and Coordinators as well as in PIRs. The Program is in close coordination with HPB as the lead for Healthy Learning Institutions (HLI) and remains committed in expanding the reach of the school-based deworming to include private schools.

9. Integration of school-based and community-based STH MDA accomplishments

The MDA or deworming campaigns were suspended during the COVID-19 pandemic and shifted to a community-based individual approach through the following policies: DM No. 2020-0260 entitled, *“Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis Control and Elimination Program During the COVID-19 Pandemic”* and DC No. 2020-0302 entitled, *“Delivery of Routine Deworming Services under the Integrated Helminth Control Program (IHCP) during the COVID-19 Pandemic.”*


As such, Program reporting of STH MDA accomplishments was solely community-based at that time until schools gradually reopened. Even then, the reporting for the STH MDA accomplishments for school-based and community-based deworming activities remained integrated.

Further, during the June 17-21, 2024 PIR it was agreed to retain the consolidated MDA accomplishment for both school-based and community-based deworming activities. This

was also proposed in the series of consultation meetings with EB regarding the updating of the FHSIS MOP.

Please be guided accordingly.

Signed:



ANNA MARIE CELINA G. GARFIN, MD, MM
Director IV
Disease Prevention and Control Bureau

ANNEX A. REFERENCES

1. Department of Health (2024). *Department Circular No. 2024-0429: "Guidelines on the Conduct of Mass Drug Administration (MDA) for Soil-Transmitted Helminthiasis (STH) for July 2024"*
<https://tinyurl.com/ihcp-dc-2024-0249>
2. Department of Health (2023). *Administrative Order No. 2023-0007: "Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization (AEFI)"*
<https://tinyurl.com/aefi-ao-2023-0007>
3. Department of Health (2021). *Administrative Order No. 2021-0045: "Guidelines on the Conduct of Routine Catch-up Immunization for Children"*
<https://tinyurl.com/ao-nip-2021-0045>
4. Department of Health (2020). *Department Memorandum No. 2020-0260: "Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis Control and Elimination Program During the COVID-19 Pandemic"*
<https://tinyurl.com/ihcp-dm-2020-0260>
5. Department of Health (2020). *Department Circular No. 2020-0302: "Delivery of Routine Deworming Services under the Integrated Helminth Control Program (IHCP) during the COVID-19 Pandemic"*
<https://tinyurl.com/ihcp-dc-2020-0302>
6. Department of Health (2020). *Department Circular No. 2020-0132: "Adoption of the Integrated Helminth Control Program's (JHCP) Strategic Plan for 2017-2022"*
<https://tinyurl.com/ihcp-dc-2020-0132>
7. Department of Health (2016). *Department Memorandum No. 2016-0212: "Guidelines on the Implementation of the Harmonized Schedule and Combined Mass Drug Administration (HSCMDA) for the Prevention and Control of Lymphatic Filariasis, Schistosomiasis and Soil-Transmitted Helminthiasis"*
<https://tinyurl.com/ihcpscep-dm-2016-0212>
8. Department of Health (2015). *Administrative Order (AO) No. 2015-0054 entitled, "Revised Guidelines on Mass Drug Administration and the Management of Adverse Events Following Deworming (AEFD) and Serious Adverse Events (SAE)"*
<https://tinyurl.com/acfd-2015-0054>
9. Dunn, Julia C. et. al. (2019). *Soil-transmitted helminth reinfection four and six months after mass drug administration: results from the delta region of Myanmar*
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6395004/#pntd.0006591.ref004>
10. Parasitol. Korean J. (2021). *Failure of Repeated MDA with Albendazole for Trichuriasis Control in Schoolchildren of the Yangon Region, Myanmar*
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8721305/>

ANNEX B. RECOMMENDED DRUGS FOR THE MANAGEMENT OF ADVERSE EVENTS FOLLOWING DEWORMING (AEFD)

DRUG	DOSE
For local hypersensitivity and allergy	
Diphenhydramine	<p>For oral dosage forms: Syrup 12.5mg/5ml</p> <ul style="list-style-type: none"> ● Children younger than 6 years of age: ½ tsp to 1 tsp every 6-8 hours until symptoms subside ● Children 6 to 12 years of age: 1 tsp to 2 tsp every 6-8 hours until symptoms subside
For abdominal pain	
Dicycloverine	<p>GI spasm:</p> <p>For oral dosage forms: Syrup 10mg/5ml</p> <ul style="list-style-type: none"> ● Children 6 months - 2 years old: ½ tsp to 1 tsp every 6-8 hours ● Children 2 to 12 years of age: 1 tsp every 6-8 hours <p>*Dicycloverine: May be taken with or without food. (May be taken before or after meals)</p>
Hyoscine N-butylbromide	<p>Acute attacks of colicky pain:</p> <p>For oral dosage forms: Syrup 5mg/5ml or tablet 10mg</p> <p>Children ≥ 6 years : 1 tablet every 6-8 hours or 2 tsp every 6-8 hours</p>
For diarrhea	
Reformulated Oral Rehydration Salt	<p>To prevent dehydration: give after each loose stool</p> <p>50-100 ml (1/4 to 1/2 cup) ORS for children under 2 years old</p> <p>100-200 ml (1/2 cup to 2 cups) ORS for children 2- 10 years old</p>

DRUG	DOSE
Zinc supplementation	Children 6 months to \leq years old: 1 tablet once a day for 14 days

Erratic worm migration
Pull out worms if it comes out of the nose or mouth, and dispense of properly (flush in toilet or bum/incinerate)

ANNEX C. ALLOCATION LIST OF PRAZIQUANTEL AND ALBENDAZOLE TABLETS

ALLOCATION LIST

Center for Health and Development	Kato-Katz (Stool Examination Kits) (IB No 2024-170)	Praziquantel 600mg (GOP-C- 2024-008/IB No. 2024-035)	Albendazole 400mg (GOP-C-2024-018/ IB No. 2024-031)
METRO MANILA CENTER FOR HEALTH DEVELOPMENT	-	-	6,045,700
ILOCOS CENTER FOR HEALTH DEVELOPMENT	-	-	2,285,100
CAGAYAN CENTER FOR HEALTH DEVELOPMENT	-	36,000	1,593,700
CENTRAL LUZON CENTER FOR HEALTH DEVELOPMENT	-	-	5,464,800
CALABARZON CENTER FOR HEALTH DEVELOPMENT	-	-	7,180,400
MIMAROPA CENTER FOR HEALTH DEVELOPMENT	200	208,600	1,391,000
BICOL CENTER FOR HEALTH DEVELOPMENT	100	118,800	2,671,300
WESTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	-	53,100	3,430,500
CENTRAL VISAYAS CENTER FOR HEALTH DEVELOPMENT	100	74,900	3,490,400
EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT	2,548	3,140,500	2,088,400
ZAMBOANGA PENINSULA CENTER FOR HEALTH DEVELOPMENT	400	484,600	1,635,700
NORTHERN MINDANAO CENTER FOR HEALTH DEVELOPMENT	1,400	1,645,900	2,196,000
DAVAO CENTER FOR HEALTH DEVELOPMENT	1,500	1,745,100	2,344,900
SOCCKSARGEN CENTER FOR HEALTH DEVELOPMENT	600	720,400	2,165,000
CORDILLERA CENTER FOR HEALTH DEVELOPMENT	-	-	784,300
CARAGA CENTER FOR HEALTH DEVELOPMENT	2,400	2,944,900	1,202,900
MOH- BARMM	200	195,200	1,886,200
TOTAL	9,448	11,368,000	47,856,300