Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE

16 September 2024

DIVISION MEMORANDUM
DM No. 793, s. 2024

UPDATED INTERIM GUIDELINES ON THE PREVENTION, DETECTION, AND MANAGEMENT OF MPOX

To: Assistant Schools Division Superintendents
Division Chiefs
Public Schools District Supervisors
Elementary & Secondary School Heads
School Health Personnel
All Others Concerned

1. Attached herewith is Department of Health Memorandum No. 2024-0306 titled Interim Guidelines on the Prevention, Detection, and Management of Mpox, for your guidance and reference.

2. In cases of Mpox and other infectious diseases such as chickenpox, measles, and HFMD, district nurses can use the provided link for reporting purposes only.

Congressional District	Link
Congressional District 1	https://tinyurl.com/Unit1InfectiousDiseases
Congressional district 2	https://tinyurl.com/Unit2InfectiousDiseases
Congressional District 3	https://tinyurl.com/Unit3InfectiousDiseases
Congressional District 4	https://tinyurl.com/Unit4InfectiousDiseases

3. Immediate dissemination and strict compliance to this Memorandum is desired.

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SHSMAAT/09/16/2024
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Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

August 26, 2024

DEPARTMENT MEMORANDUM
No. 2024 - 0306

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHDs); MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED**

SUBJECT: **Updated Interim Guidelines on the Prevention, Detection, and Management of Mpox**

I. BACKGROUND

On August 14, 2024, the World Health Organization (WHO) declared the mpox outbreak a Public Health Emergency of International Concern (PHEIC) due to a surge in cases across Africa and the emergence of a new clade Ib strain. The Democratic Republic of the Congo (DRC) reported over 15,600 cases and 537 deaths this year, surpassing last year's total. Clade Ib has also been confirmed in neighboring countries, including Burundi, Kenya, Rwanda, and Uganda, marking their first mpox cases. Sweden reported the first case outside Africa. In the Philippines, additional three cases of mpox were confirmed in 2024 to date, following nine cases between 2022 and 2023.

Mpox is caused by the monkeypox virus (MPXV), part of the genus *Orthopoxvirus* in the *Poxviridae* family. The virus has two recognized clades, I and II, each with subclades a and b. Transmission occurs through direct contact with infectious skin or mucosal lesions, body fluids, respiratory droplets, or contaminated materials. Symptoms include skin rash or lesions (Annex A), fever, swollen lymph nodes, headache, muscle aches, back pain, sore throat, and low energy.

In light of this evolving situation, this Department Memorandum provides interim updated technical guidance and directives on the case definition, prevention, detection, and management of mpox. Supplemental guidance shall be provided as new evidence and information becomes available.

II. GENERAL GUIDELINES

A. All healthcare workers in all levels of care, both public and private, and local government units (LGUs) shall adhere to the guidelines on the prevention, detection, isolation, treatment, and reintegration for mpox.

B. All individuals are advised to strictly adhere to the minimum preventive precautions set by the Department of Health (DOH) *as outlined in Specific Guidelines III. A.* to prevent different infectious diseases including mpox.

C. All public and private health facilities and Centers for Health Development (CHDs) shall activate their reporting and referral systems for the detection of mpox and coordinate accordingly with the DOH through the Epidemiology Bureau (EB).

D. The DOH, through the Bureau of Quarantine (BOQ), shall initiate surveillance and border control and the appropriate quarantine measures for all individuals traveling into the country.

E. The DOH shall continuously provide appropriate risk communication to the general public regarding the national situation on mpox while ensuring the prevention of stigma and marginalization of at-risk groups.

III. SPECIFIC GUIDELINES

A. PREVENTION

1. All individuals shall adhere to standard minimum precautions for the prevention of mpox, such as but not limited to the following:
    a. Avoid close and intimate, skin-to-skin contact such as sexual contact, kissing, hugging, and cuddling with individuals who are suspect, probable, or confirmed cases of mpox. If contact is unavoidable due to the need for care, caregivers must adhere to proper prevention and control measures, including the use of appropriate personal protective equipment (PPE).
    b. Observe frequent and proper hand hygiene with alcohol-based hand rub or hand-washing whenever hands are soiled or contaminated.
    c. Ensure that objects and surfaces suspected of being contaminated with the virus, or handled by an infectious person, are thoroughly cleaned and disinfected.
    d. Avoid contact with animals, particularly mammals, that may carry the virus, including sick or deceased animals found in areas where mpox is present. Signs of mpox in animals, including pets, can include rash, fever, lethargy, and loss of appetite.

2. Household members and persons caring for suspected, probable, and confirmed cases of mpox are required to practice proper hand hygiene and cleaning practices using the appropriate FDA-registered and approved

standard household cleaning materials (e.g. common household disinfectant or bleach products):

a. Contaminated surfaces shall be cleaned and disinfected. Standard household cleaning/disinfectants may be used in accordance with the manufacturer's instructions.
b. Activities such as dry dusting, sweeping, or vacuuming shall be avoided. Wet cleaning methods (e.g. damp mopping) or water-based (e.g. disinfectant wipes, sprays, and mopping) are recommended.
c. Dishes and other eating utensils shall not be shared. Soiled dishes and eating utensils shall be washed by hand with warm water and soap;
d. Laundry items (e.g., bedding, towels, clothing) used by suspect, probable, and confirmed cases shall be handled separately from the rest and shall be washed manually or in a standard washing machine with warm water and detergent; bleach may be added but is not required;
    i. Soiled laundry shall not be shaken or otherwise handled in a manner that may disperse infectious particles;
    ii. Gloves and mask shall be worn when handling soiled laundry to avoid direct contact with contaminated material.

3. All inbound and outbound international travelers shall be aware of risk and prevalence of mpox transmission in the destination country and adhere to health protocols issued by health authorities, conveyance operators, airport and seaport terminal management, both from the Philippines and destination country.
    a. Provide honest and accurate responses to the Passengers Health Declaration questionnaires required upon arrival and departure at airports and seaports.
    b. Approach health personnel-on-duty if experiencing any of the signs and symptoms of mpox.

4. All healthcare personnel in public and private facilities and medical transport vehicles are required to adhere to the Infection Prevention Control measures of the facility.
    a. Wear appropriate PPEs when caring for suspect, probable, and confirmed cases of mpox, and for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment:
        i. A fit-tested, seal-checked N95 respirator mask or equivalent;
        ii. Disposable, long-sleeved, fluid-resistant level 2 gowns;
        iii. Eye protection such as goggles or face shields that cover the front and sides of the face;
        iv. Single-use gloves, to be disposed of after every patient interaction; and
        v. Dedicated footwear that can be decontaminated.

5. All healthcare workers including non-health personnel delivering clinical and environmental services (i.e. housekeeping and janitorial services) shall perform appropriate disinfection and cleaning and wear complete and appropriate PPE and observe standard protocols.

a. Clean and disinfect all reusable equipment with hospital-approved disinfectants (with Drug Identification Numbers (DIN), as per manufacturers' recommendations immediately after use.
b. Dedicate patient care equipment to a single patient.
c. Use hospital detergents followed by disinfection with 1000 ppm available chlorine (sodium hypochlorite). As an alternative, 5000 ppm of available chlorine may be used on its own. The user may decide which is appropriate for the surface.
d. Clean and disinfect all surfaces that were in contact with the patient including chairs, exam tables and washrooms used by the patient, especially frequently touched surfaces, such as doorknobs, call bell pulls, faucet handles and wall surfaces that may have been frequently touched by the patient.
e. Practice airborne precautions and use appropriate PPE when performing aerosol-generating procedures such as suctioning of secretions or sputum induction.

B. DETECTION

1. All health care providers shall be mandated to observe a high index of suspicion for mpox when evaluating individuals with the characteristic acute unexplained rash, mucosal lesions, or lymphadenopathy, particularly among the following groups:
   a. People reporting contact with individuals who have a similar rash or who have received a diagnosis of mpox at any phase of the disease;
   b. People reporting sexual contact with the same sex and/or with multiple partners within the last 21 days from symptom onset, and are presenting with lesions in the genital/perianal area or any other part of the body; and
   c. People reporting a travel history to countries with reported cases and outbreaks of mpox in the month before illness onset.

2. All health care providers shall elicit signs and symptoms during history-taking and physical examination:
   a. Skin lesions such as vesicles or pustules that are deep-seated, firm, or hard, well-circumscribed, and usually located on the head, palms, and soles;
   b. Fever, chills, myalgia, back pain, malaise, asthenia (weakness and/or lack of energy), or lymphadenopathy.

3. All healthcare providers shall assess their patients based on both clinical and epidemiological factors.
   a. Mpox shall be considered as a differential diagnosis to patients with unexplained acute rash, skin lesions (e.g., macule, papule, pustule, or a vesicular rash that could be consistent with mpox) or lymphadenopathy among the subpopulations identified in Section III.B.1.a of this DM. A referral to a dermatologist through teleconsultation or face-to-face consultation is ideal as other skin conditions may look like mpox skin lesions.

b. Other potential causes of acute rash shall also be considered by collecting sufficient volume of samples to accommodate differential testing (e.g., secondary syphilis, herpes, chancroid, and varicella-zoster).
c. Screening and testing for other underlying conditions or co-infections may also be considered.

4. All public and private health care providers, public health authorities, points of entry, disease reporting units, and institutions/offices shall notify the DOH of any suspect, probable, or confirmed case within 24 hours of detection, following the surveillance case definitions for mpox in **Annex B**.

5. At all points of entry, the BOQ shall conduct symptoms-based screening for mpox for all incoming international travelers, especially those individuals who came from countries with reported mpox cases. The BOQ shall immediately report cases to the EB and coordinate with designated referral hospitals for further assessment, testing, and management.

6. All health care providers shall conduct complete and accurate case investigation using the CIF (**Annex C**), ensuring compliance with RA 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act) and RA 10173 (Data Privacy Act of 2012). This shall be done focusing on the following, prior to submission to the next higher ESU and the EB:
   a. Characterization of clinical presentation;
   b. Exposure investigation (back tracing); and
   c. Complete and accurate tracing and profiling of identified contacts.

7. All suspect and probable cases shall be tested for laboratory confirmation of MPXV. Samples shall initially be sent to the Research Institute for Tropical Medicine (RITM). A listing of other capacitated laboratories will be released by the DOH, in coordination with RITM, once available. Specimen collection guidelines can be found in https://bit.ly/RITMmpoxspecimencollection.

8. Samples of confirmed cases shall be sequenced by RITM in coordination with the EB and Regional Epidemiology and Surveillance Units (RESU) for further characterization of MPXV strain (clade/subclade).
   a. Should the volume of samples for sequencing exceed its sequencing capacity, samples shall be referred to University of the Philippines - Philippine Genome Center (UP-PGC), in coordination with the EB and RESU.
   b. Should mpox continue to spread and MPXV qPCR-positive samples further increase, a sampling strategy will be employed.

9. RITM and UP-PGC should share MPXV Genetic Sequence Data (GSD) in available and publicly-accessible databases (i.e. GISAID, Gen bank, etc.), in coordination with EB, to inform public health action in a timely manner.

as recommended by the WHO Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential 2022-2032.

C. ISOLATION AND QUARANTINE

1. Close contacts shall be monitored, or should self-monitor, daily for the onset of signs or symptoms for a period of 21 days from the last contact with the suspect, probable, or confirmed case or their contaminated materials.
   a. Regularly practice hand hygiene and respiratory etiquette.
   b. Avoid physical contact with persons who are immunocompromised or pregnant.
   c. Minimize contact with children.
   d. Avoid contact with animals, including pets where feasible.
   e. Asymptomatic contacts who adequately and regularly monitor their status can continue routine daily activities such as going to work and attending school.

2. The following individuals shall isolate until they are determined to no longer constitute a public health risk for others:
   a. any individual with signs and symptoms compatible with mpox infection; and/or
      anyone being considered as a suspect, probable, or confirmed case of mpox

3. Suspect, probable, or confirmed mpox cases with mild, uncomplicated disease and not at high risk for complications can be isolated **at home,** for the duration of infectious period (at least 21 days from onset of symptoms until lesions have healed and scabs fall off, whichever is longer), if home assessment confirms that infection prevention and control measures are in place.
   a. Decision to isolate and monitor a patient at home should be made on a case-by-case basis and be based on their clinical severity, presence of complications, care needs, risk factors for severe disease and access to referral for hospitalization if condition deteriorates.
   b. Patients isolating at home should be ambulatory, have access to food and water, be able to feed, bathe and dress themselves, and require minimal to no assistance from a caregiver. Patients shall be isolated in an area separate from other household members and away from shared areas of the home (i.e. a separate room, or area with a curtain or screen). Patients shall remain in isolation and refrain from close contact until resolution of all symptoms.
   c. Items such as eating utensils, linens, towels, electronic devices or beds should be dedicated to the person with mpox. Avoid sharing personal items.
   d. In an event where the patient needs to be or transit outside of the designated isolation area, the patient with mpox shall wear a well-fitting medical mask and cover lesions when in close proximity to others.

e. If suspect, probable, or confirmed mpox cases cannot meet the adequate IPC requirements at home, consider isolation in a health facility.

f. The following infection control measures shall be observed while in isolation, such as but not limited to:

i. Avoid skin manipulation (e.g. peeling off scabs) or scratching and keep the lesions dry and clean to avoid further transmission and superinfection;

ii. In case of presence of weeping wounds (wounds with pus-like or clear fluid), cover with a sterile gauze or bandage

iii. Wear a surgical mask, especially those who have respiratory symptoms

iv. Isolate in a room or area separate from other family members to limit or minimize contact

4. Patients at high risk for complications (i.e. young children, pregnant women, and those who are immunosuppressed) or those with severe or complicated mpox should be admitted to the hospital for closer monitoring and clinical care under appropriate isolation precautions to prevent transmission of mpox virus. Patients with mpox who develop complications or severe disease should be managed with optimized supportive care interventions such as pain management, nutrition support, palliative care based on the latest appropriate standards of care.

D. TREATMENT

1. Treatment for mpox is mainly supportive and is directed at relieving symptoms such as fever, pain, and pruritus.

a. Patients may be provided with the following for symptomatic relief:

i. Antipyretics for fever;

ii. Analgesics for general pain management;

iii. Stool softeners for patients with proctitis;

iv. Oral antiseptics, local anesthetic, prescription analgesic mouthwash, or clean saltwater for oropharyngeal symptoms; and

v. Oral antihistamines for pruritus associated with mpox lesions.

2. Supportive treatment of skin lesions shall be provided to patients to relieve discomfort, hasten the healing, and prevent complications

a. Patients should be instructed to keep skin lesions clean and dry to prevent bacterial infection. They should be instructed to wash hands with soap and water or use alcohol-based hand sanitizer before and after touching the skin rash to prevent infection. The lesions may then be cleaned gently with sterile water or antiseptic solution. Rash should not be covered but rather left to open air to dry.

b. For complications of skin lesions such as exfoliation or suspicion of deeper soft tissue infection (pyomyositis, abscess, necrotizing infection), consider consultation with appropriate specialists.

3. Adequate nutrition and appropriate rehydration should be provided based on a thorough assessment of the individual's nutritional and fluid status.

4. Counsel patients with mild mpox about signs and symptoms of complications that should prompt urgent care.

5. All suspect, probable, and confirmed mpox cases should have access to follow-up care. All patients with mpox, including their caregivers, should be counseled to monitor for any persistent, new, or changing symptoms. If this occurs, they should seek medical care according to national (local) care pathways.

E. REINTEGRATION

1. Individuals within the households, communities, schools and workplaces including key populations shall continuously observe infection control measures.
2. Clearance to return to work shall be provided by the attending physician.
3. Provide mental health and psychosocial support strategies to affected individuals to ensure their overall well-being during and after recovery.

F. Risk Communication and Community Engagement Strategies

The risk communication and community engagement (RCCE) strategy follows an Escalation Plan that outlines the procedures for communication and engagement activities based on the severity of the mpox outbreak. The RCCE response shall be segmented into several phases and is updated based on the situation. The recommended interventions and message houses for each phase can be found in Annex D.

IV. DISPOSAL OF DEAD BODIES

Handling of human remains of deceased individuals who were suspect, probable, or confirmed cases of mpox shall follow appropriate IPC measures. Perform hand hygiene and wear PPE according to contact and droplet precautions (gloves, gown, respirator [e.g. N95, FFP2] and eye protection) as patients with rashes that have not healed may still have infectious virus.

For guidance and dissemination.

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TEODORO J. HERBOSA, MD
Secretary of Health

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AUG 29 2024
CORAZON S. DELA CRUZ
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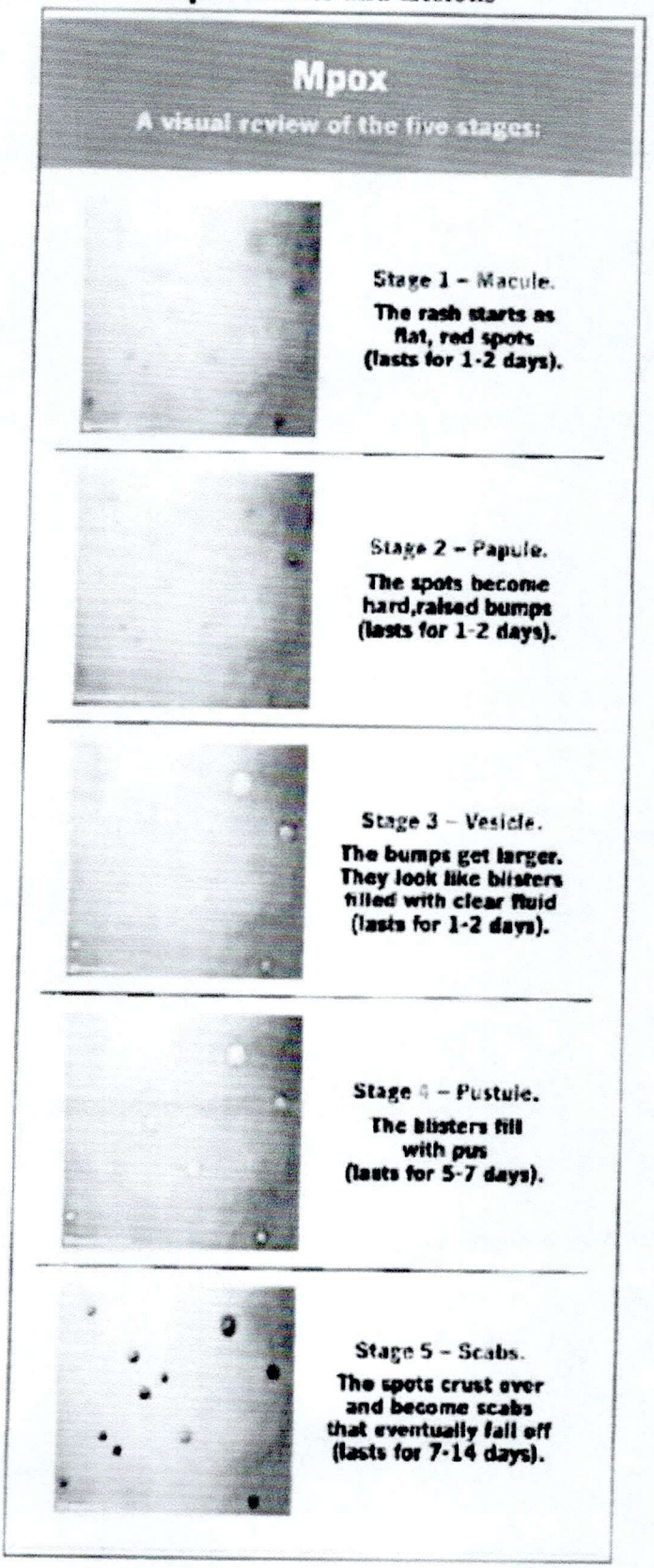
Department of Health

Annex A. Visual Review of mpox Rashes and Lesions



Source: Mpox. Published April 25, 2023. Accessed 16 August 2024 from https://my.clevelandclinic.org/health/diseases/22371-monkeypox