



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

09 JUN 2025

DIVISION MEMORANDUM

NO. 258, s. 2025

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

To: OIC, Office of the Assistant Schools Division Superintendent
OIC, Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
All Others Concerned

1. In accordance with **DM No. 2024-0306** by the **Department of Health** dated August 26, 2024, this Office issues this Memorandum to raise awareness for all concerned officials and personnel.
2. Enclosed is the said **Department Memorandum** for reference of Teaching and Non-Teaching personnel and Learners that contains the updated guidelines, transmission, signs and symptoms, and most importantly the preventive measures.
3. For suspected cases, please contact the Division Medical Officer III, Dr. Joy Arnold T. Lejos at Cellphone No. **09216433003**.
4. Immediate dissemination of this Memorandum is desired.

ROEL F. BERMEJO
Schools Division Superintendent

Reference:
To be indicated in the Perpetual Index
under the following subjects



Address: Banica, Roxas City
Contact Number: (036) 620 2371
Email Address: capiz@deped.gov.ph
Website: <http://depedcapiz.ph>



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



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

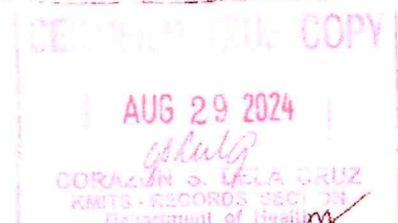
SUBJECT: Updated Interim Guidelines on the Prevention, Detection, and Management of Mpox

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.



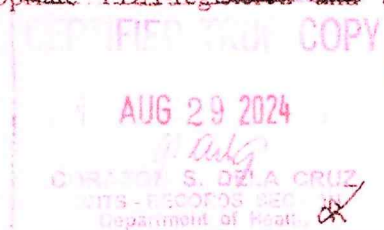
II. GENERAL GUIDELINES

- 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

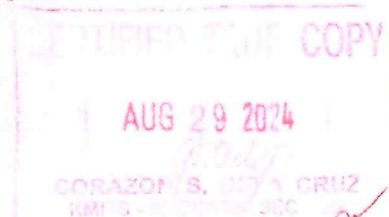
A. PREVENTION

- 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):

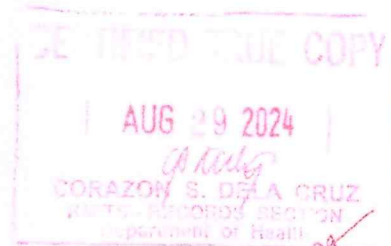
- a. Contaminated surfaces shall be cleaned and disinfected. Standard household cleaning/disinfectants may be used in accordance with the manufacturer's instructions.
 - b. Activities such as dry dusting, sweeping, or vacuuming shall be avoided. Wet cleaning methods (e.g. damp mopping) or water-based (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.



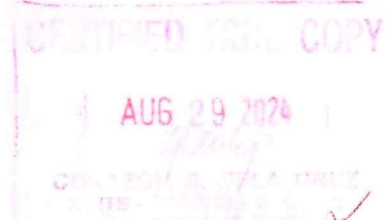
- a. Clean and disinfect all reusable equipment with hospital-approved disinfectants (with Drug Identification Numbers (DIN), as per manufacturers' recommendations immediately after use.
- b. Dedicate patient care equipment to a single patient.
- c. Use hospital detergents followed by disinfection with 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.



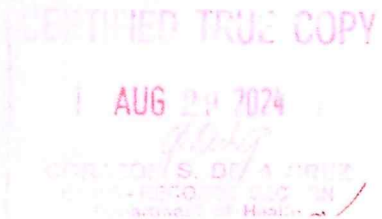
- b. Other potential causes of acute rash shall also be considered by collecting sufficient volume of samples to accommodate differential testing (e.g., secondary syphilis, herpes, chancroid, and varicella-zoster).
 - c. Screening and testing for other underlying conditions or co-infections may also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

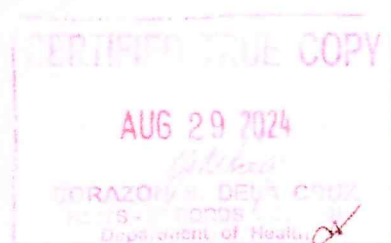
1. Close contacts shall be monitored, or should self-monitor, daily for the onset of signs or symptoms for a period of 21 days from the last contact with the suspect, probable, or confirmed case or their contaminated materials.
 - a. Regularly practice hand hygiene and respiratory etiquette.
 - b. Avoid 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.

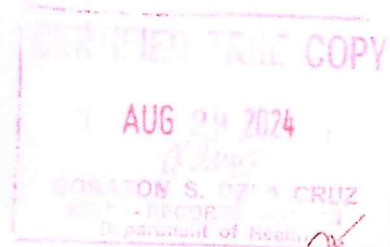
IV. DISPOSAL OF DEAD BODIES

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.

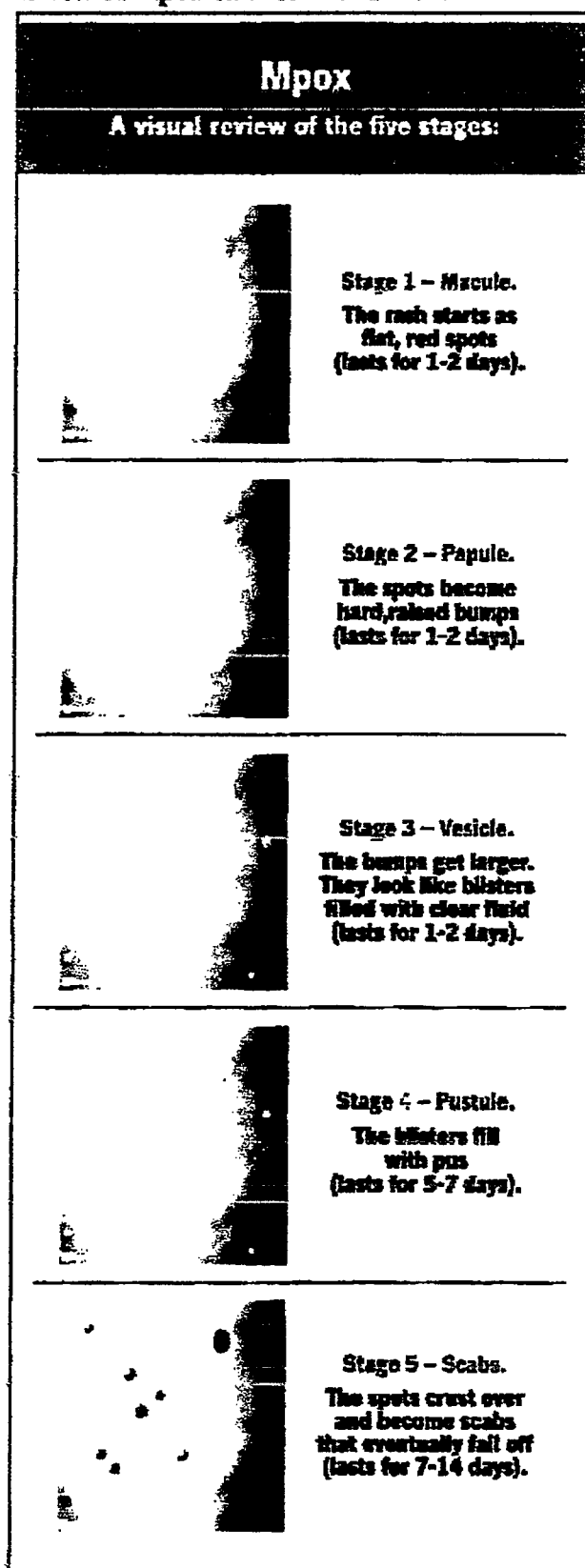
For guidance and dissemination.

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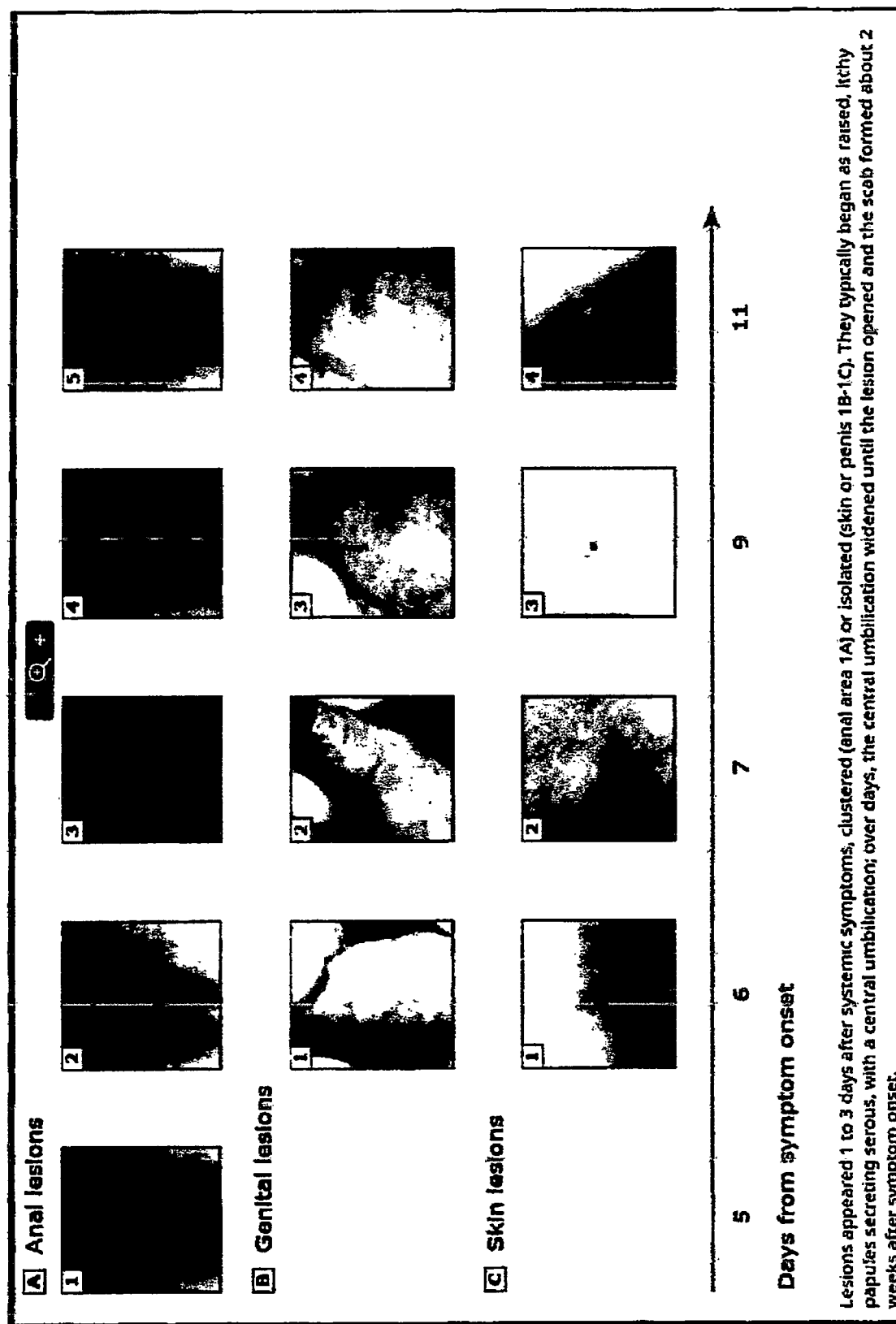
TEODORO J. HERBOSA, MD
Secretary of Health



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>



Source: Antinori A, Mazzotta V, Vita S, et al. Epidemiological, clinical and virological characteristics of four cases of monkeypox support transmission through sexual contact, Italy, May 2022. Euro Surveill. 2022;27(22): pii=2200421. <https://doi.org/10.2807/1560-7917.ES.2022.27.22.2200421>

ANNEX B. Mpox Case Definitions

Case Classification	Case Definition
Suspect Case	<ol style="list-style-type: none"> <li data-bbox="467 409 1323 577">1. A person who is a close contact of a probable or confirmed mpox case in the 21 days before the onset of signs or symptoms, and who presents with any of the following: acute onset of fever ($>38.5^{\circ}\text{C}$), headache, myalgia (muscle pain/body aches), back pain, profound weakness, or fatigue; OR <li data-bbox="467 600 1323 835">2. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding. AND <li data-bbox="467 857 1323 1093">3. For which the common causes of acute rash (i.e. varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants) and any other locally relevant common causes of papular or vesicular rash) do not explain the clinical picture <p data-bbox="451 1126 1323 1317">As per WHO, it is <u>not necessary</u> to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected. Further, if suspicion of mpox or MPXV infection is high due to either history and/or clinical presentation or possible exposure to a case, the identification of an alternate pathogen which causes rash illness should not preclude testing for MPXV, as co-infections have been identified.</p>
Probable Case	<ol style="list-style-type: none"> <li data-bbox="467 1350 1323 1574">1. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding. AND <li data-bbox="467 1597 1323 1888">2. One or more of the following: <ul style="list-style-type: none"> <li data-bbox="515 1641 1323 1821">• has an epidemiological link (face-to-face exposure, including health care workers without respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils) to a probable or confirmed case of mpox in the 21 days before symptom onset; or <li data-bbox="515 1832 1323 1888">• has had multiple sexual partners (2 or more) in the 21 days before symptom onset.

Case Classification	Case Definition
Confirmed Case	A person with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR) and/or sequencing.
Close Contact	<p>A close contact is defined as a person who, in the period beginning with the onset of the source case's first symptoms, and ending when all scabs have fallen off and a fresh layer of skin has formed underneath, has had one or more of the following exposures:</p> <ul style="list-style-type: none"> • Face-to-face exposure (including health care workers without appropriate PPE); • Direct physical contact, including sexual contact; • Contact with contaminated materials such as clothing or bedding.
Discarded Case	A suspect or probable case but tested negative for mpox virus through RT-PCR or sequencing.

ANNEX C. Mpox Case Investigation Form (CIF) for Disease Surveillance Officers
(May be accessed through <https://tinyurl.com/MpoxCIFasof2022>)



Case Investigation Form
Monkeypox Case Investigation Form
(ICD 10 –CM Code: B04)



Name of DRU:		Date of investigation: (mm/dd/yyyy)	
Address of DRU:		Type: <input type="checkbox"/> CMHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Airport <input type="checkbox"/> Seaport <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory	
I. PATIENT INFORMATION:	Patient Number:	Patient's First Name	Middle Name Last Name/Suffix
COMPLETE CURRENT ADDRESS House Number/Purok/Sitio: Street Name: Municipality: Province: Region:		Laboratory ID	Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
COMPLETE PERMANENT ADDRESS House Number/Purok/Sitio: Street Name: Municipality: Province: Region:		Date of Birth: MM / DD / YYYY	Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Name Workplace:		Occupation:	Contact No.:
Name of Informant:		Relationship with Patient:	Contact No. of Informant:
II. PATIENT STATUS			
Date Admitted/ Seen/Consult:	MM / DD / YYYY	Admission: ER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Ward: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ICU: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Blood Donation/Transfusion History: <input type="checkbox"/> Donor <input type="checkbox"/> Recipient Place of Donation/Transfusion: Date of Donation/Transfusion: mm / dd / yyyy
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No # of weeks: _____		Any other known medical information: _____	
III. CLINICAL HISTORY/PRESENTATION			
Date onset of illness (mm/dd/yyyy) _____		SIGNS AND SYMPTOMS	
1. Does the patient have a cutaneous rash? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of onset for the rash: mm / dd / yyyy		Check all that apply: <input type="checkbox"/> Vomiting/nausea <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Muscle pain (myalgia) <input type="checkbox"/> Asthenia (weakness) <input type="checkbox"/> Fatigue <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Chills or sweats <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sore throat when swallowing <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Lymphadenopathy, localization: <input type="checkbox"/> Cervical <input type="checkbox"/> Axillary <input type="checkbox"/> Inguinal	
2. Did the patient have fever? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of onset for the fever: mm / dd / yyyy Duration of fever (___ days)			
3. If there is active disease, 3.1 Lesions are in the same state of development on the body? <input type="checkbox"/> Yes <input type="checkbox"/> No 3.2 Are all of the lesions the same size? <input type="checkbox"/> Yes <input type="checkbox"/> No 3.3 Are the lesions deep and profound? <input type="checkbox"/> Yes <input type="checkbox"/> No 3.4 Did the patient develop ulcers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Type of lesions: <input type="checkbox"/> Macule <input type="checkbox"/> Papule <input type="checkbox"/> Vesicle <input type="checkbox"/> Pustule <input type="checkbox"/> Scab			
5. Localization of the lesions: <input type="checkbox"/> Face <input type="checkbox"/> Palms of the hands <input type="checkbox"/> Thorax <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Soles of the feet <input type="checkbox"/> Genitals <input type="checkbox"/> All over the body			
List other areas: _____			



Full Name	Age	Sex	Date of Birth	Contact #	Occupation	Relation to case	No. of household members	Address	Date of first contact with case	Date of last contact with case	Type of contact	Laboratory Done
Indicate Last Name, First Name, Middle Name	Age indicate D - days M - months Yr. - years Sex F - Female M - Male		mm/dd/yyyy	Specify contact information	Please Specify Occupation	Specify relationship with case	Specify total number	Specify House # Street/Purok/ Subdivision, Barangay, Municipality, Province, Region	mm/dd/yyyy	mm/dd/yyyy	Type 1 Type 2 Type 3	Y-yes N-no If yes, Specify test and result

Types of contacts:
Type 1 - Direct contact with skin lesions of a confirmed MPX case - vesicles, pustules, crusts etc. (including sexual contact) OR direct contact with a confirmed animal case.
Type 2 - Direct contact with body fluids of confirmed monkeypox case (blood, urine, vomitus, feces, stool, sputum etc.)
Type 3 - Sharing of common space with case (e.g. vehicle, household, shared room/workstation, flight, etc.)

Annex D. RCCE Recommended Interventions and Message Houses

A. Pre-Impact Phase

Key Audience	Recommended Interventions
Trigger: PHEIC Announcement	
Traveling Filipinos	Travel reminders and educational materials disseminated through Bureau Of Quarantine
DOH Officers and Staff Dermatologists & Pediatrics	<ul style="list-style-type: none"> • Issuance of guidelines from the Public Health Services Cluster (PHSC) • Cascade of Internal Communication Strategy in TGRO • Conduct of Town Hall with medical societies (DPCB for clinical management, HPB for risk communication)
Media	Kapihan sa Media through COM
Trigger: Detection of New Cases in South East Asia and OFW Destinations	
Traveling Filipinos	Central DOH and BOQ Dissemination of Educational Materials for mpox
Quad Media	<ul style="list-style-type: none"> • Educational Materials on digital media • Spokesperson interviews • DOH Advisory

Overarching Message Idineklara ng WHO ang mpox bilang isang Public Health Emergency of International Concern. Bagamat wala pang bagong kaso ng mpox na naitatala sa bansa, mahalaga pa ring maging maingat sa pamamagitan ng pag-iingat at maiging pakikinig sa tamang impormasyon mula sa DOH.	
Tungkol sa Mpox	<ul style="list-style-type: none"> • Mayroong mga naitalang kaso ng mpox mula sa ibang bansa, at dineklara ito ng WHO bilang isang Public Health Emergency of International Concern. • Ang mpox ay lubos na nakahahawa sa skin-to-skin contact, o kung madikit ang iyong balat sa balat ng may sakit na ito. • Maaari itong magdulot ng mga lesion o sugat sa balat o katawan, at maaari rin itong mauwi sa pagkamatay.
Para sa mga Bibliyahe Palabas ng Bansa	<ul style="list-style-type: none"> • Planuhin ng maigi ang inyong biyahe. <ul style="list-style-type: none"> ◦ Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan. ◦ Alamin ang malalapit na health center sa lugar na inyong tinutuluyan. • Ang karagdagang pag-iingat kapag pupunta sa ibang bansa ay makakatulong maprotektahan ang sarili laban sa mpox. Para sa mga

	<p>lalabas ng bansa, kayang iwasan ang mpox sa tulong ng pag-iingat. Gawin ang mga sumusunod lalo na sa matataong lugar.</p> <ul style="list-style-type: none"> ○ Long-sleeves at pantalon ○ Face mask sa kulob na lugar ○ Madalas na paghugas ng kamay ● Kung makakaranas ng mga sintomas na tulad ng trangkaso na may kasamang pamamantal na mukhang pimple agad na kumonsulta sa pinakamalapit na health center. Libre ang konsulta sa National Patient Navigation and Referral Center sa hotline 1555 press 2.
Para sa mga Pabalik ng Bansa	<ul style="list-style-type: none"> ● Suriin muna ang sarili para sa maaaring mga sintomas ng mpox. Kung tingin niyo ay mayroon kayong sintomas, komunsulta muna sa primary care provider at ipagpaliban ang biyahe pabalik ng Pilipinas. ● Sumunod sa abiso ng <i>airport</i> o <i>seaport</i> sa pagpasok ng bansa. ● Kahit nakabalik na sa tahanan, bantayan pa rin ang sarili kung sakaling may mga sintomas na lumabas upang hindi mahawa ang pamilya.
Pakikinig sa tamang impormasyon	<ul style="list-style-type: none"> ● Inihahanda ng DOH ang sistema nito at pati na ang mga health workers ang detection at surveillance upang ma-detect at report agad kung sakaling may kaso ng mpox sa bansa. ● Sa kasalukuyan, wala pang abiso kung magkakaroon ng mga travel ban papunta sa ibang bansa. ● Hindi kailangang mag-alala sa tulong ng pag-iingat. ● Manatiling may alam sa tulong ng mga lehitimong awtoridad tulad ng DOH para sa mga anunsyo.

B. Early Impact and Sustained Impact Phase

Key Audience	Recommended Interventions
Trigger: Reported Case with identifiable index or Clustering	
General Public	<ul style="list-style-type: none"> ● DOH Advisory ● Spokesperson Interviews
Affected Community	<ul style="list-style-type: none"> ● Targeted Town Hall with regional/local health workers through CHD ● Heightened communication of preventive measures ● Implementation of policies and interventions to encourage protective behaviors (e.g. physical distancing, encouraging protective clothing)
Media	Kapihan sa Media through COM

C. Key Messages for Early and Sustained Impact

Overarching Message Dahil sa naideklarang bagong kaso ng mpox sa loob ng bansa, inaanyayahan ang lahat na maging maingat lalo na ang mga bumibiyahe palabas at pabalik ng bansa o ang mga pumupunta sa matataong lugar.	
Pag-iingat sa mpox	<ul style="list-style-type: none"> ● Dalasan ang paghugas ng mga kamay gamit ang tubig at sabon at isanitize ang mga bagay gamit ang alcohol o sanitizer bago gamitin o hawakan ● Iwasang pumunta sa matataong lugar. ● Kung kinakailangan pumunta sa mga lugar na ito, gawin ang mga sumusunod. <ul style="list-style-type: none"> ○ Long-sleeves at pantalon ○ Face mask sa kulob na lugar ○ Madalas na paghuhugas ng kamay
Pagkonsulta	<ul style="list-style-type: none"> ● Bantayan ang sarili sa mga posibleng sintomas. ● Komunsulta agad sa inyong primary care provider kung kayo ay naga-alalang mayroon kayong sintomas ng mpox o kaya'y nalapit kayo sa isang taong may sakit na ito. ● Mag-isolate muna habang hindi sigurado sa kalagayan. ● Sundin ang payo ng eksperto.
Para sa mga Bibiyahe Palabas ng Bansa	<ul style="list-style-type: none"> ● Alamin at sundin ang abiso ng <i>airport</i> o <i>seaport</i> sa pagbibiyahe. ● Planuhin ng maigi ang inyong biyahe. <ul style="list-style-type: none"> ○ Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan. ○ Alamin ang malalapit na health center sa lugar na iyong tinutuluyan. ● Kayang iwasan ang mpox sa tulong ng pag-iingat. Gawin ang mga sumusunod lalo na sa matataong lugar. <ul style="list-style-type: none"> ○ Long-sleeves at pantalon ○ Face mask sa kulob na lugar ○ Madalas na paghugas ng kamay ● Kung makakaranas ng mga sintomas na tulad ng trangkaso na may kasamang pamamantal na mukhang pimple, agad na kumonsulta sa pinakamalapit na health center. Libre ang konsulta sa National Patient Navigation and Referral Center sa hotline 1555 press 2.
Para sa mga Pabalik ng Bansa	<ul style="list-style-type: none"> ● Suriin muna ang sarili para sa maaaring mga sintomas ng mpox. Kung tingin niyo ay mayroon kayong sintomas, komunsulta muna sa primary care provider at ipagpaliban ang biyahe pabalik ng Pilipinas. ● Sumunod sa abiso ng <i>airport</i> o <i>seaport</i> sa pagpasok ng bansa. ● Kahit nakabalik na sa tahanan, bantayan pa rin ang sarili kung sakaling may mga sintomas na lumabas upang hindi mahawa ang pamilya.
Pakikinig sa tamang impormasyon	<ul style="list-style-type: none"> ● Patuloy na magbibigay ng mabilis at tamang impormasyon ang DOH para sa proteksyon ng lahat. Manatiling makinig sa payo ng mga eksperto. ● Makinig din sa pamahalaan o LGU para sa ibang anunsyo.

* The interventions and key messages above may be sustained and updated as the situation evolves.

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PCOM PHYSICIANS GUIDE

TRANSMISSION

through close unprotected sustained contact with

**MOUTH TO SKIN
CONTACT**
Oral sex or kissing
the skin



FEVER
HEADACHE
BACK PAIN
MUSCLE ACHES

FLU LIKE SYMPTOMS:

Isolate for at least 21 days or until skin lesions have healed and scab falls off.

REINTEGRATE

- Observe infection control
- Constant implementation of minimum public health standards (MPHS)
- Issuance of clearance to return to work shall be provided by the attending physician and subsequently verified by the Occupational Health Physician or the Human Resource Officer

RITM will serve as the primary testing and isolation facility for suspect, probable, and confirmed cases of monkeypox.

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"PROMOTES, PROTECTS, AND PRESERVES HEALTH
AND WELL-BEING OF ALL CAPIZNONS."

ANO ANG MPOX?

Ang **Mpox**, nga kilala anay nga monkeypox, isa ka viral zoonotic disease nga nagikan sa sapat nga may dala nga monkeypox virus. Isa ini ka balatian nga mahimo makalaton halin sa sapat pakadto sa tawo, kag halin sa tawo pakadto sa iban nga tawo.



Arnaldo Boulevard, Barangay Iba, Arnaldo Village,
Roxas City 6000 Capiz
Landline Number: (056) 6216688
Email Address: phocapiz2012@gmail.com

ISO Certified Local Government Unit
Certificate Number 06/16/RAS/0366

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AND WELL-BEING OF ALL CAPIZNONS."

ANO ANG MGA SINTOMAS KAG SENYALES?

Ang mga sintomas sang **Mpox** masami nga makita sa sulod sang tatlo ka semana pagkatapos malatnan. Ini ang mga:

- Hilanat
- Palanakit sang ulo
- Palanakit sang lawas
- Palanakit sang likod
- Pagsakit sang tutunlan
- Paghubag sang lymph nodes (kulani)
- Pagpangluya sang lawas
- Pagpalangurog sang lawas (chills)



Arnaldo Boulevard, Barangay Iba, Arnaldo Village,
Roxas City 6000 Capiz
Landline Number: (056) 6216688
Email Address: phocapiz2012@gmail.com

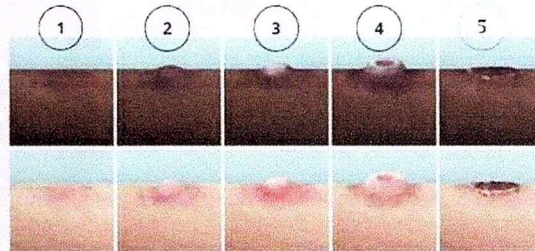
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ANO ANG MGA SINTOMAS KAG SENYALES?

Pagkatapos sang 1-5 ka adlaw, isa ka pinasahi nga rashes ang nagaguwa kag makita sa nagkalainlain nga mga stages:

1. Gikan sa flat nga mapula nga mga rashes
2. Mga papules (nagtaas nga mga bukol)
3. Mga vesicle (bukol nga puno sang fluido)
4. Mga pustules (bukol nga may nana)
5. Kag sa katapusan, mga kugan nga nagakahulog pagkatapos sang pila ka semana.



Ang rashes mahimo nga magguwa sa limitado lang nga parte sang lawas pero pwede ini nga maglapta sa bug-os nga lawas.



Arsaldo Boulevard, Barangay Inao Arsaldo Village,
Roxas City 5800 Capiz
Landline Number: (054) 4216894
Email Address: phocapiz2012@gmail.com

ISO Certified Local Government Unit
Certificate Number 06/12/858/0865

"PROMOTES, PROTECTS, AND PRESERVES HEALTH
AND WELL-BEING OF ALL CAPIZNONS."

PAANO MAKALATON?

Ang **Mpox** nagalapta paagi sa isa ka natapnan nga tawo ukon sapat. Ang isa ka tawo matapnan kung:

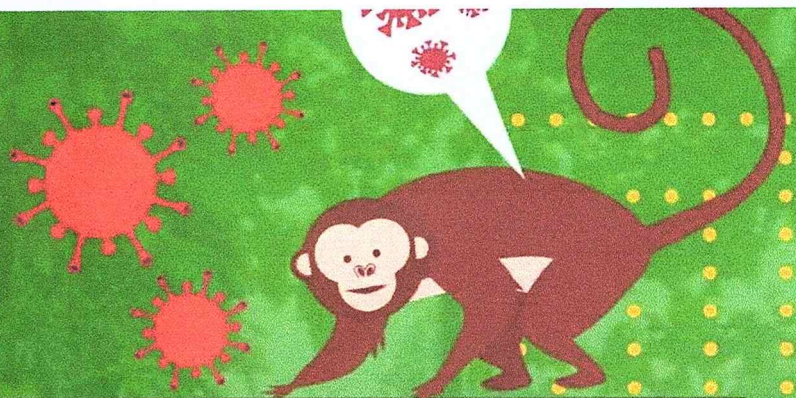
- May direkta nga contact sa mga rashes, kugan, ukon body fluids halin sa isa ka tawo nga may Mpox.
- Matagsikan sang laway ukon plema kon nagahambal o naga ubo nga pwede mahaklo sang isa ka tawo bangud sa malawig nga pag-atubangay.
- May contact sa mga kontaminado nga mga butang sang may mpox pareho sang panapton, bayo, habol, unlan kag iban pa.



Arsaldo Boulevard, Barangay Inao Arsaldo Village,
Roxas City 5800 Capiz
Landline Number: (054) 4216894
Email Address: phocapiz2012@gmail.com

ISO Certified Local Government Unit
Certificate Number 06/12/858/0865

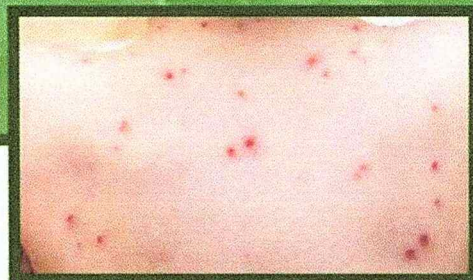
MPOX



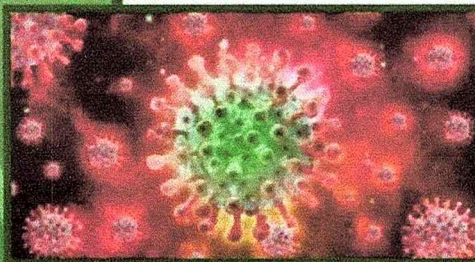
MPOX is a disease caused by the monkeypox virus. It is a viral zoonotic disease, meaning that it can spread from animals to humans. It can also spread between people.



SUSPECTED CASE A person of any age presenting with an unexplained acute rash and one or more of the following signs or symptoms: Headache; Acute onset of fever (38.5°C); Myalgia; Back pain; Asthenia; Lymphadenopathy.



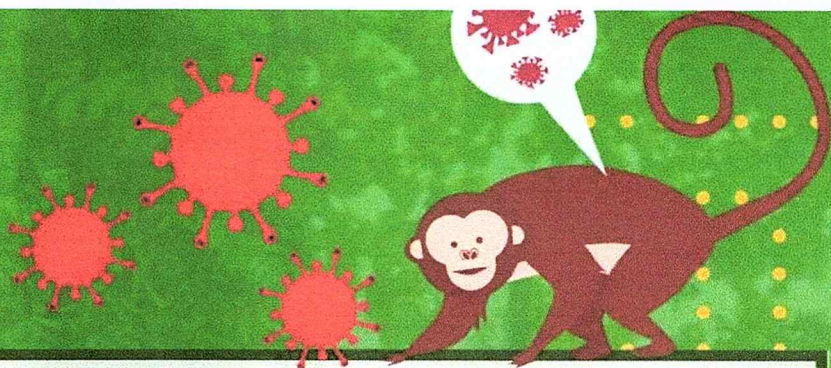
CONFIRMED CASE A case meeting the definition of either a suspected or probable case and is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or whole genome sequencing.



Arnaldo Boulevard, Barangay Inzo Arnaldo Village,
Roxas City 5800 Capiz
Landline Number: (036) 6216598
Email Address: phocapiz2012@gmail.com

ISO Certified Local Government Unit
Certificate Number 08/15/R63/0365

MPOX



TRANSMISSION:

Direct:

Animal to Human: bite or scratch, contact with the skin lesions, blood, tissue or excretions of the infected animals.

Human-to human: contact with lesions and secretions, respiratory droplets, sexual contact.

Indirect: contact with lesion material (e.g contaminated bedding, clothing, linens, fomites)

MPOX AND OTHER COMMON RASH ILLNESS:

SYMPTOMS	MONKEYPOX	CHICKENPOX	MEASLES
FEVER	1-3 days before rash	1-2 days before rash	3-5 days before rash
RASH APPEARANCE	Lesions often in one stage of development	Lesions often in multiple stages of development	Lesions often in multiple stages of development
RASH DEVELOPMENT	Slow	Rapid	Rapid
RASH DISTRIBUTION	More dense on face, present on palms and soles	More dense on trunk; Absent on palms and sole	Starts on face and spreads, sometimes reaching hands and feet
LYMPHADENOPATHY	Present	Absent	Occasional
CHANCE OF DEATH	Up to 10%	Rare	Varies widely



Arnaldo Boulevard, Barangay Inzo Arnaldo Village,
Roxas City 5900 Capiz
Landline Number: (036) 6216598
Email Address: phocapiz2012@gmail.com

ISO Certified Local Government Unit
Certificate Number 08/15/R63/0365