Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

September 02, 2024

REGIONAL MEMORANDUM
No. 1018 s. 2024

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

To: Schools Division Superintendents
Regional Office Division Chiefs
Public Elementary and Secondary School Heads
All Others Concerned

1. On August 14, 2024, the World Health Organization (WHO) declared the Monkeypox Virus (MPXV) outbreak as a Public Health Emergency of International Concern (PHEIC) due to the surge of cases across Africa and other continents exacerbated by the emergence of a new clade Ib strain. In the Philippines, three cases of mpox have been confirmed in 2024 to date. Meanwhile, suspected cases of mpox have been reported in Region 8 with confirmation still underway.

2. In light of this situation, the DOH – Office of the Secretary has provided an interim updated technical guidance and directives on the case definition, prevention, detection, and management of mpox. As a DOH attached agency, the Education Support Services Division – School Health and Nutrition Unit issues this Memorandum to raise awareness for all concerned officials and personnel. See enclosed for reference of teaching personnel, non-teaching personnel, and learners that contain the updated guidelines, transmission, signs and symptoms, and most importantly preventive measures.

3. For immediate dissemination and compliance.

EVELYN R. FETALVERO CESO IV
Regional Director

Enclosures: DOH DM No. 2024-0306, PCOM Mpox Advisory #2
References: None
To be indicated in the Perpetual Index under the following subjects:

SCHOOL HEALTH MPOX PREVENTION

ESSD-SHNU-ALSL

DEPARTMENT OF EDUCATION
RECORDS SECTION, REGIONAL OFFICE NO. VIII
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1018
By: Date: 9/3/24

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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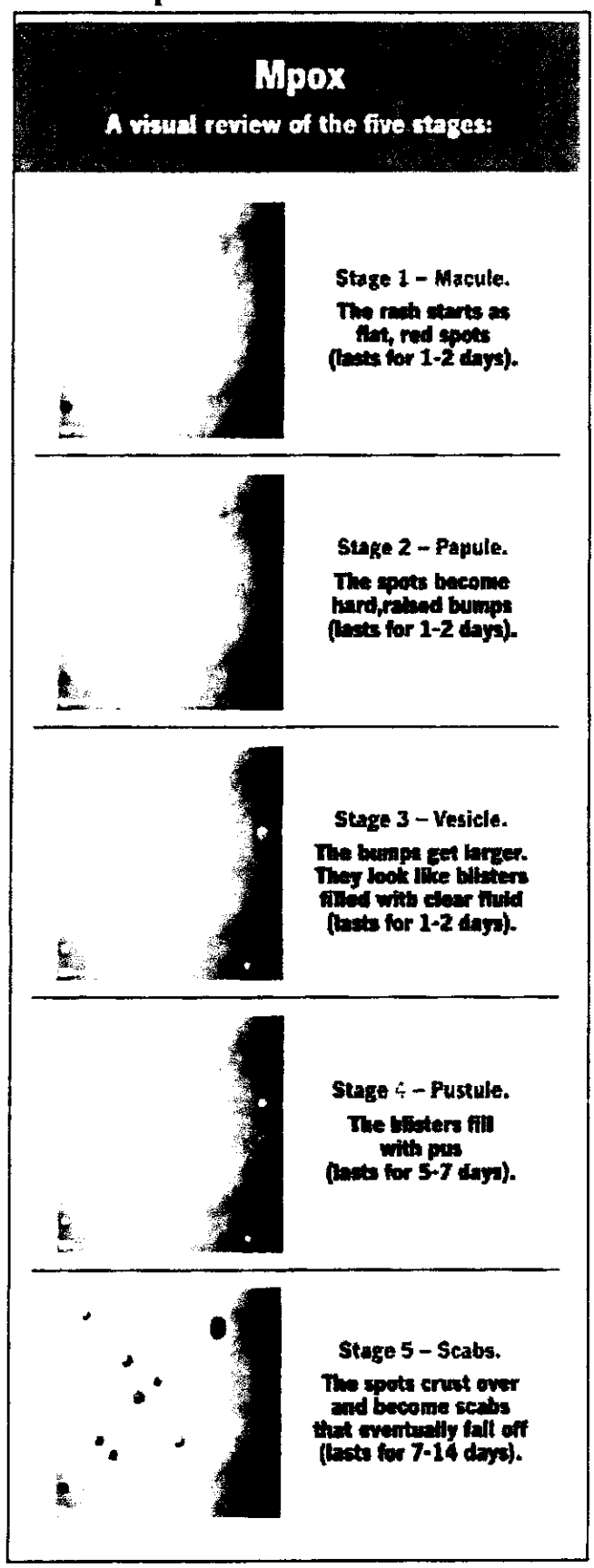
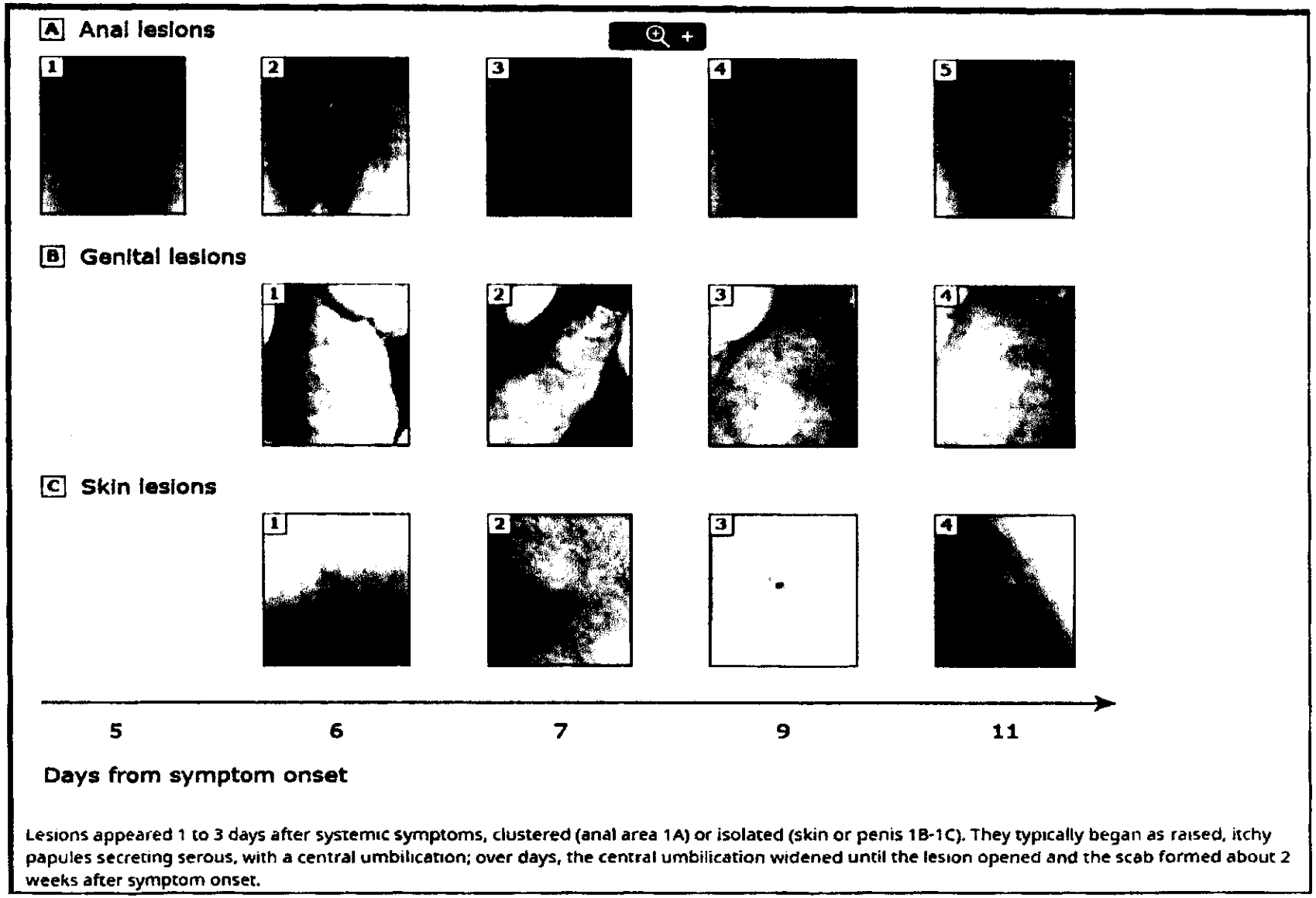
TEODORO J. HERBOSA, MD
Secretary of Health

CERTIFIED TRUE COPY
AUG 29 2024
CORAZON S. DELA CRUZ
KMITS - RECORDS SECTION
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



Lesions appeared 1 to 3 days after systemic symptoms, clustered (anal area 1A) or isolated (skin or penis 1B-1C). They typically began as raised, itchy papules secreting serous, with a central umbilication; over days, the central umbilication widened until the lesion opened and the scab formed about 2 weeks after symptom onset.

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	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°C), headache, myalgia (muscle pain/body aches), back pain, profound weakness, or fatigue; ***OR*** 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*** 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 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.
Probable Case	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*** 2. One or more of the following: • 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 • 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	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: • 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: ☐ CMHO ☐ Gov't Hospital ☐ Private Hospital ☐ Airport ☐ Seaport ☐ Gov't laboratory ☐ 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: ☐Male ☐Female	Date of Birth:	MM	DD	YYYY	Age:	☐Days ☐Months ☐Years
COMPLETE PERMANENT ADDRESS House Number/Purok/Sitio/: Street Name: Municipality: Province: Region:	Nationality:		IP Group? ☐Yes ☐No # Yes, Specify:_____				
	Occupation: Contact Number:		Contact No.:				
Name Workplace	Address of Workplace:						
Name of Informant:	Relationship with Patient:		Contact No. of Informant:				

II. PATIENT STATUS

Date Admitted/ Seen/Consult	MM	DD	YYYY	Admission: ER: ☐Yes ☐No ☐Unknown Ward: ☐Yes ☐No ☐Unknown ICU: ☐Yes ☐No ☐Unknown

Pregnant? ☐Yes ☐No # of weeks:____

Any other known medical information:

_____

Blood Donation/Transfusion History:

☐Donor ☐Recipient

Place of Donation/Transfusion:

_____

Date of Donation/ Transfusion: ____/____/____ *mm / dd / yyyy*

III. CLINICAL HISTORY/PRESENTATION

Date onset of illness (mm/dd/yyyy) _____

1. Does the patient have a cutaneous rash?

☐Yes ☐ No If yes, date of onset for the rash: ____/____/____ *mm / dd / yyyy*

2. Did the patient have fever?

☐Yes ☐ 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?

☐Yes ☐ No

3.2 Are all of the lesions the same size?

☐Yes ☐ No

3.3 Are the lesions deep and profound?

☐Yes ☐ No

3.4 Did the patient develop ulcers ?

☐Yes ☐ No

4. Type of lesions:

☐Macule ☐ Papule ☐Vesicle ☐Pustule ☐Scab

5. Localization of the lesions:

☐ Face ☐ Palms of the hands ☐ Thorax ☐ Arms
☐ Legs ☐ Soles of the feet ☐ Genitals
☐ All over the body

List other areas : _____

SIGNS AND SYMPTOMS

Check all that apply:

- ☐ Vomiting/nausea
- ☐ Headache
- ☐ Cough
- ☐ Muscle pain (myalgia)
- ☐ Asthenia (weakness)
- ☐ Fatigue
- ☐ Conjunctivitis
- ☐ Chills or sweats
- ☐ Sensitivity to light
- ☐ Sore throat when swallowing
- ☐ Oral ulcers
- ☐ Lymphadenopathy, localization:
  - ☐ Cervical ☐ Axillary ☐ Inguinal

Appendix A. Monkeypox Contact Listing Form

Name of Case:_____

Full Name	Age	Sex	Date of Birth	Contact #	Occupation	Relation to case	No. of house-hold 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/City, 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 contact:
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	• 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	• 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	• 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 Bibiyahe Palabas ng Bansa	• Planuhin ng maigi ang inyong biyahe. o Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan. o Alamin ang malalapit na health center sa lugar na iyong tinutuluyan. • Ang karagdagang pag-iingat kapag pupunta sa ibang bansa ay makakatulong maprotektahan ang sarili laban sa mpox.Para sa mga

	lalabas ng bansa, kayang iwasan ang mpox sa tulong ng pag-iingat. Gawin ang mga sumusunod lalo na sa matataong lugar. o Long-sleeves at pantalon o Face mask sa kulob na lugar o 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	• 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 *airport* o *seaport* 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	• 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	• DOH Advisory • Spokesperson Interviews
Affected Community	• Targeted Town Hall with regional/local heath 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	• 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.
	  o Long-sleeves at pantalon
	  o Face mask sa kulob na lugar
	  o Madalas na paghuhugas ng kamay

Pagkonsulta	• 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	• Alamin at sundin ang abiso ng *airport* o *seaport* sa pagbibiyahe.
	• Planuhin ng maigi ang inyong biyahe.
	  o Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan.
	  o 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.
	  o Long-sleeves at pantalon
	  o Face mask sa kulob na lugar
	  o 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	• 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 *airport* o *seaport* 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	• 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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WORKER HEALTH ADVISORY on MPOX (MONKEYPOX)

PCOM PHYSICIANS GUIDE

WHAT IS MPOX?

A rare disease caused by infection with the monkeypox virus.

Infection is transmitted from animals to humans

TRANSMISSION

through close unprotected sustained contact with:

CONTAMINATED MATERIALS & SURFACES

RESPIRATORY DROPLET

or start range aerosols from prolonged close contact

SKIN TO SKIN

Direct contact with skin lesions or vaginal/anal sex

MOUTH TO MOUTH

Kissing

MOUTH TO SKIN CONTACT

Oral sex or kissing the skin

INCUBATION PERIOD from the time between the infection and the onset of symptoms 3 to 17 days

After exposure, it may be several days to a few weeks before development of symptoms. A person is not contagious during this period.

Duration of illness: 2 to 4 weeks

FLU LIKE SYMPTOMS

FEVER
HEACHACHE
BACK PAIN
MUSCLE ACHES
LACK OF ENERGY
LYMPHADENOPATHY
CHILLS
RESPIRATORY SYMPTOMS
Sore throat, nasal congestion or cough

RASH STAGE 2-4 WEEKS

I. **MACULES**: macular rash on the skin starts as flat, red spots that last for 1-2 days
II. **PAPULES:** By the third day of rash, lesions have progressed from macular (flat) to papular hard, raised bumps that lasts for 1-2 days
III. **VESICLES:** By the fourth to fifth day, lesions have become larger, vesicular blisters raised and filled with clear fluid that lasts for 1-2 days
IV. **PUSTULES:** By the 6th to 7th day, lesions have become pustular (filled with pus) – sharply raised, usually round, and firm to the touch (deep seated) with depression in the center (umbilication). The pustules will remain for approximately 5 to 7 days before beginning to crust.
V. **SCABS:** By the end of the second week, pustules have crusted and scabbed over. Scabs will remain for about a week before beginning to fall off. Lasts for 7-14 days.

RECOVERY DAYS TO WEEKS

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

PREVENTION

- Avoid contacts with animals that could harbor the virus, any materials that has been in contact with a sick animal
- practice good hand hygiene
- use personal protective equipment (PPE)
- Currently there are no Philippine FDA approved and authorized vaccines.

DETECTION

Contact tracing
- contacts should be notified within 24 hours of identification

Testing
- RT-PCR (processing of specimen collected shall be through RITM or the Philippine Genome Center (PGC)
  - swabs of skin lesion surface and/or exudate, lesion roof/scab/vesicle top, or lesion crusts.

Let us be vigilant & report suspicious signs & symptoms described above to DOH /RITM

ISOLATION

Infection Control :
- Hospitals
  - negative air pressure
  - private rooms
  - minimize exposure to surrounding persons
- Home
  - isolate in a room or area separate from other family members
  - should not leave the home except as required for follow up medical care
  - no pets allowed
- RITM will serve as the primary testing and isolation facility for suspect, probable, and confirmed cases of monkeypox.

TREATMENT

Currently there is no proven cure, treatment is mainly supportive.
It is often self limiting meaning symptoms usually go away in 2-3 weeks

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https://www.who.int/news-room/fact-sheets/detail/monkeypox

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