



Republic of the Philippines

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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<http://www.dilg.gov.ph>



ADVOCACY ON THE PREVENTION OF DENGUE AND OTHER MOSQUITO-BORNE DISEASES

Memorandum Circular No. 2019-130

09 AUG 2019

1.0 Background

On July 15, 2019, the Department of Health (DOH) raised a National Dengue Alert due to the rapidly increasing number of cases observed in several regions of the country. The DOH disclosed that among those which have exceeded the epidemic threshold are Region IV-B (MIMAROPA), VI (Western Visayas), VII (Central Visayas) and X (Northern Mindanao). The Secretary of Health ordered that clustering of cases must be done by the respective DOH regional offices and shall serve as basis for the declaration of a localized epidemic at the barangay level.

Dengue is a viral disease with no known vaccine or specific antibiotics. Effective surveillance can also help in reducing the number of cases and deaths if areas with clustering of cases are identified early.¹

On August 6, 2019, the Health Secretary issued the National Dengue Epidemic Declaration, citing that from January 01 to July 20, 2019, the total number of recorded dengue cases has reached 146,062, which is 98% higher compared to the 73,818 cases recorded within the same period last year, with 14 out of 17 regions registering higher dengue cases compared to the same period in 2018.

Based on the DOH Dengue Surveillance Report, Region VI (Western Visayas) had the most number of cases at 23,330, followed by Region IV-A (CALABARZON) with 16,515; Region IX (Western Mindanao) with 12,317; Region X (Northern Mindanao) with 11,455, and Region XII (SOCCSKSARGEN) with 11,083.

As of July 20, 2019, based on the DOH Weekly Surveillance report for Morbidity Week No. 29, the epidemic threshold has been exceeded in Regions IV-A, IV-B, V, VI, VIII, IX and X. Also, Regions I, VII and the BARMM have exceeded the alert level threshold. Additionally, 10,502 cases have been recorded for Morbidity Week No. 29, which is 71% higher than the 6,128 cases recorded within the same period in 2018.

¹ <https://www.doh.gov.ph/press-release/Duque-declares-national-dengue-alert-in-selected-regions>

The number of recorded cases continues to increase, according to the DOH surveillance reports.

The DOH thus calls on the public to keep their surroundings clean and to destroy all possible mosquito breeding grounds in their communities, and to implement the "Enhanced 4S," which stands for (1) **search and destroy** breeding sites; (2) **seek early consultation**; (3) **self-protect**; and (4) **say Yes to fogging only in hotspot areas** where case increase is registered for two consecutive weeks.

2.0 Purpose

The purpose of this policy is to ensure that Local Government Units (LGUs) comply with the DOH's Enhanced 4S Strategy against dengue and other mosquito-borne diseases, as well as, encourage them to introduce mechanisms to prevent and control the spread of the virus.

3.0 Scope/Coverage

All Provincial Governors, City and Municipal Mayors, Punong Barangays, the BARMM Chief Minister, BARMM Minister of Local Government, DILG Regional Directors and Field Officers, and all others concerned.

4.0 Policy Content and Guidelines

- 4.1 The Department encourages all Local Chief Executives (LCE) to perform the following actions:
 - 4.1.1 Ensure the implementation of the DOH's Enhanced 4S Strategy, which is a prevention and control strategy against Aedes-borne diseases, specifically dengue, chikungunya, and Zika viruses;
 - 4.1.2 Activate the Aksyon Barangay Kontra Dengue (ABKD) per DILG MC No. 2012-16 dated 30 January 2012;
 - 4.1.3 Synchronize the conduct of the *4'o'clock Habit para Deng-Get Out* activities, or the simultaneous cleaning of household and community surroundings, getting rid of stagnant water and other mosquito-breeding sites, and conducting measures to prevent water stagnation, every day at 4:00 in the afternoon;
 - 4.1.4 Facilitate chemical interventions, such as spraying and larviciding (or the regular application of microbial or chemical insecticides to water bodies or water containers in order to kill mosquito larvae and pupae);
 - 4.1.5 Implement the DOH's "Checklist for Dengue Epidemic Preparedness and Response for your Local Government Unit" (Annex 1);

- 4.1.6 Ensure that all concerned institutions under their respective jurisdiction implement all actions based on the DOH's "Checklist for Dengue Epidemic Preparedness and Response for Schools (Public and Private), Rural Health Units and City Health Offices (Annex 2);
 - 4.1.7 Coordinate closely with their respective DOH Regional Office - Center for Health Development;
 - 4.1.8 Reproduce DOH-provided IEC materials and disseminate them to the communities;
 - 4.1.9 Oversee the preparedness of the Rural Health Units, City Health Offices and LGU-operated hospitals by ensuring the consistent availability of adequate logistics, such as Oresol, non-structural protein 1-based rapid diagnostic test (NS1 RDT), larvicides, medicines, etc.
 - 4.1.10 Provide emergency transport for patients during referrals; and
 - 4.1.11 Encourage residents to observe early consultations.
- 4.2 The LGUs may utilize part of the seventy percent (70%) allocation for disaster preparedness and part of the thirty percent (30%) quick response fund from the Local Disaster Risk Reduction and Management Fund (LDRRMF), subject to the usual accounting and auditing rules and regulations. Moreover, use of the said funds must be in accordance with the NDRRMC-DBM-DILG Joint Memorandum Circular No. 2013-1 dated 25 March 2013;
- 4.3 All DILG Regional and Provincial Directors, DILG Field Officers and the BARMM Minister of Local Government are hereby directed to cause the immediate and widest dissemination of this Memorandum Circular, and provide appropriate assistance to the Local Chief Executives, as maybe necessary;
- 4.4 All activities should be properly documented and the reports submitted to the Municipal, City, Provincial, and the Regional Disaster Risk Reduction and Management Offices, for consolidation, furnishing a copy of the regional consolidated report to the respective DOH and DILG Regional Offices.

5.0 References

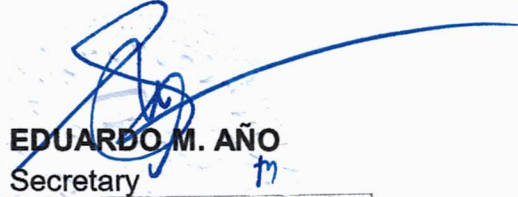
- 5.1 NDRRMC MC No. 01 s. 2019 dated August 06, 2019 "Enjoining All Member Agencies to Support the Nationwide Dengue Epidemic Response";
- 5.2 DOH National Dengue Epidemic Declaration dated 05 August 2019;
- 5.3 DOH National Dengue Alert Declaration dated 15 July 2019;

- 5.4 DILG MC No. 2016-31 dated 01 March 2016 “Advocacy on the Prevention Against Zika Virus and other Mosquito-Borne Diseases”;
- 5.5 DILG MC No. 2012-16 dated 30 January 2012, “Aksyon Barangay Kontra Dengue”.

6.0 Effectivity

This Memorandum Circular shall take effect immediately.

7.0 Approving Authority


EDUARDO M. AÑO
Secretary



8.0 Feedback

For related queries, kindly contact your respective Regional Disaster Risk Reduction and Management Council (RDRRMC) and/or the National Barangay Operations Office (DILG-NBOO), through the Community Capacity Development Division (CCDD), at telephone number (02) 876-3454 local 4403 and 4404.

9.0 Annexes

Annex 1: Checklist for Dengue Epidemic Preparedness and Response for your Local Government Unit

Annex 2: Checklist for Dengue Epidemic Preparedness and Response for Schools, Rural Health Units and City Health Offices

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE

For Schools:

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns	Is It Being Implemented?	
	√	×
A. Activation or Creation of Brigades/Committees		
1. Issuance of Memorandum <ul style="list-style-type: none"> • Organization of Dengue Brigade • Regular conduct 4 o'clock habit/wearing of protective clothing 		
B. Assigning of Point Persons		
1. Organized/Active Dengue Brigade <ul style="list-style-type: none"> • Lead: IEC/Advocacy, 4 o'clock habit 		
2. Organized/Active PTA <ul style="list-style-type: none"> • Periodic PTA Conferences • School Administrator and Teachers Conference/Reports 		
C. Case Management		
1. Designated school clinic <ul style="list-style-type: none"> • Schedule of school nurse's duties/school physician's visits • Directory of nearest health facilities • Febrile learners appropriately attended and referred to health facilities 		
D. Vector Surveillance and Control		
2. Conduct of daily 4 o'clock habit		
3. Strict observance of wearing of protective clothing such as long sleeves, pants, knee socks etc. Use of repellants as appropriate.		
4. Installed insecticide-treated screens		
5. Schedule of fogging operation as needed		
6. Daily inspection of classroom teacher for possible breeding site		
E. Surveillance and Reporting		

1. Logbook of febrile school children/students appropriately attended and referred		
2. Coordinate with Health Center when necessary/regularly		
F. Risk Communication, Advocacy and Community Preparation		
1. Conduct of Dengue Awareness Campaign		
2. Streamers, posters and IEC available/posted		
G. Monitoring and Evaluation		
1. Monitoring and Evaluation of School Preparedness and Response		

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE

For LGU

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns	Is It Being Implemented?	
	√	×
A. Activation/Creation of Municipal/City Dengue Task Force/Committee		
1. Local Ordinances/Resolutions/Executive Order on Dengue Epidemic Response		
2. Regular meeting with other barangays and their respective teams/committees.		
B. Assigning of Point Persons		
1. Barangay Council (e.g. Dengue Task Force, <i>Aksyon Barangay Kontra Dengue</i>) to lead in the conduct the following: <ul style="list-style-type: none"> a. Search and destroy potential mosquito breeding sites in households, barangays, schools (e.g. tires, bottles, vases, cans etc.) b. Declogging of wastewater drains, sewers, <i>esteros</i>, canals, etc. c. Maintaining the general cleanliness of streets, public places, etc. 		
C. Case Management		
1. Available vehicle for transportation of patients to health facilities		
D. Vector Surveillance and Control		
1. Assist and facilitate in the collection of mosquito larvae		
2. Procurement of commodities (chemicals, cleaning tools, NS1, ORS)		
3. Map and list of areas with canal water, stagnant pools, <i>esteros</i> , dumpsites		
4. Oversee and monitor the Municipal-wide conduct of daily 4 o'clock habit		
E. Surveillance and Reporting		
1. Active reporting of BHWs to midwife (febrile patients/having signs and symptoms of dengue)		
2. Spot map of household with Dengue Fever cases		

F. Risk Communication, Advocacy and Community Preparation

1. Local advisories and campaign materials posted on public places (e.g. schools, market, park, church)

2. Oversee intensified and sustained IEC and Advocacy activities in all barangays (e.g. *Bandillo*, Barangay Assemblies, Family Development Sessions, PTA Meetings, etc.)

G. Monitoring and Evaluation

1. Site visits to barangays, puroks and schools for the conduct of daily 4 o'clock habit

2. Conduct of Regular Dengue Task Force meeting with Barangay Council members etc.

3. Monitoring and Evaluation of LGU Preparedness and Response

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE

For RHUs/CHOs:

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns	Is It Being Implemented?	
	√	×
A. Activation/Creation of Dengue Task Force/Committees		
1. Copy of issuance (Ordinance/Resolution/Executive Order) on Creation/Activation of Municipal/City Dengue Task Force/Committee		
B. Assigning of Point Persons		
1. Assigned personnel: <ul style="list-style-type: none"> • Sanitary Inspector to: <ul style="list-style-type: none"> -oversee search and destroy potential mosquito breeding sites in households, barangays, schools (e.g. tires, bottles, vases, cans etc.) -oversee declogging of wastewater drains, sewers, <i>esteros</i>, canals, etc. -oversee maintaining the general cleanliness of streets, public places, etc. - assist in vector surveillance and control • Municipal/City Epidemiologic and Surveillance Officer • Logistics Officer for Dengue Commodities 		
C. Case Management		
1. Referral System from the house/school/barangay to RHU to appropriate health facility as necessary		
2. Dedicated ambulance/emergency transport vehicle with driver		
3. Algorithm in the management of Dengue Fever posted in strategic areas for health workers		
4. Presence of Hydration Corner with supplies		
5. Availability of NS1, paracetamol, IV fluids, (as needed), thermometer, home care cards, etc.		

6. Provision of Ready to Use Therapeutic Food, Micronutrient Powder/Supplement to Dengue Fever cases among others		
D. Vector Surveillance Control		
1. Availability of fogging machines		
2. Availability of chemicals (larvicides and adulticides)		
3. Schedule of vector surveillance (collection of larvae) led by the Sanitary Inspector		
4. Map and list of areas with canals, stagnant pools, <i>esteros</i> , dumpsites		
5. Daily municipal-wide conduct of 4 o'clock habit		
6. Health personnel practicing self-protection		
7. Schedule of Fogging Operations (4 cycles with at least 7 days interval)		
8. Availability of trained Spray Men		
E. Surveillance and Reporting		
1. Organized MESU/CESU		
2. Spot map of household of Barangays with Dengue cases and fatalities		
3. Weekly analysis and reporting of cases, deaths to LCEs, Municipal/City Dengue Task Force, PESU		
F. Risk Communication, Advocacy and Community Preparation		
1. Local advisories and campaign materials posted in public places (e.g. schools, market, park, church, etc.)		
2. Intensified and sustained IEC and Advocay activities in all barangays (e.g. <i>Bandillo</i> , Barangay Assemblies, Family Development Sessions, PTA Meetings, etc.)		
3. Availability of IEC materials in strategic areas		
G. Monitoring and Evaluation		
1. Conduct regular meeting with the LHB and ABC/Barangays and RHU/CHO staff for the ABKD		
2. Barangay Spot Map of cases		

3. Monitoring and Evaluation of RHU/CHO Preparedness and Response

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