

The 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act

**RULE I
GENERAL PROVISIONS**

Section 1. *Title.* - These rules and regulations shall be known as the 2020 Revised Implementing Rules and Regulations (IRR) of Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" (hereinafter referred to as the Act).

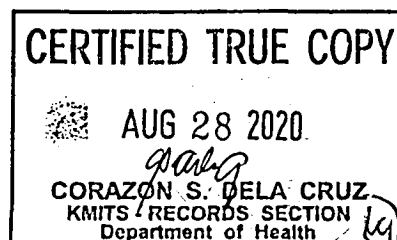
Section 2. *Declaration of Policy.* - It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. It shall endeavor to protect the people from public health threats through the efficient and effective disease surveillance of notifiable diseases including emerging and reemerging infectious diseases, diseases for elimination and eradication, epidemics, and health events including chemical, biological, radioactive, nuclear and environmental agents of public health concern and provide an effective response system in compliance with the 2005 International Health Regulations (IHR) of the World Health Organization (WHO), and its amendments.

The State recognizes epidemics and other public health emergencies as threats to public health and national security, which can undermine the social, economic, and political functions of the State.

The State also recognizes disease surveillance and response systems of the Department of Health (DOH) and its local counterparts as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security.

Section 3. *Objectives.* - This IRR shall have the following objectives:

- a.) To continuously develop and upgrade the list of nationally notifiable diseases and health events of public health concern with their corresponding case definitions and laboratory confirmation;
- b.) To ensure the establishment and maintenance of relevant, efficient and effective disease surveillance and response system at the national and local levels;
- c.) To expand collaborations beyond traditional public health partners to include others who may be involved in the disease surveillance and response such as, but not limited to, agricultural agencies, veterinarian, environmental agencies, law enforcement entities, the hotel industry and other accommodation establishments, transportation (road, rail, maritime and aviation sectors), population and development agencies and information and communication technology companies, and other private establishments;

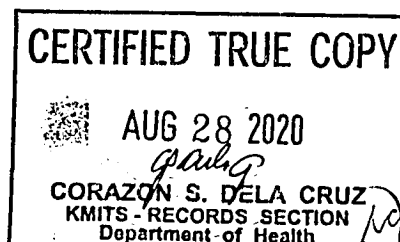


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Page 1 of 31

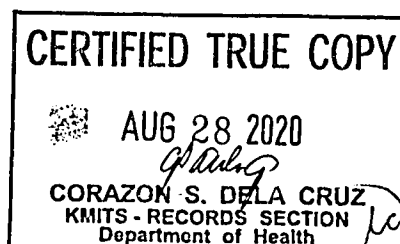
- d.) To provide accurate and timely health information about notifiable diseases, and health-related events and conditions to citizens and health providers as an integral part of response to public health emergencies;
- e.) To establish effective mechanisms for strong collaboration with national and local government health agencies to ensure proper procedures are in place to promptly respond to reports of notifiable diseases and health events of public health concern, including case investigations, treatment, and control and containment, including follow-up activities;
- f.) To ensure that public health authorities have the statutory and regulatory authority to ensure the following:
 - i. Mandatory reporting of reportable diseases and health events of public health concern;
 - ii. Epidemic/outbreaks and/or epidemiologic investigation, case investigations, patient interviews, review of medical records, contact tracing, specimen collection and testing, risk assessments, laboratory investigation, population surveys, and environmental investigation;
 - iii. Implement quarantine and isolation procedures; and
 - iv. Rapid containment and implementation of measures for disease prevention and control;
- g.) To provide sufficient funding to support operation requirements to establish and maintain Epidemiology and Surveillance Units (ESU) at the DOH, health facilities, Local Government Units (LGUs), offices and/or agencies; efficiently and effectively investigate epidemics and health events of public health concern; validate, collect, analyze and disseminate disease surveillance information to relevant agencies or organizations; and implement appropriate epidemiologic response;
- h.) To require public and private physicians, allied medical personnel, professional societies, hospitals, clinics, health facilities, laboratories, pharmaceutical companies, private companies and institutions, workplaces, schools, prisons, jails, and detention centers, ports, airports, establishments, communities, other government agencies, and non-governmental organizations (NGOs) to actively participate in disease surveillance and response; and
- i.) To respect to the fullest extent possible, the rights of people to liberty, bodily integrity, and privacy while maintaining and preserving public health and security.

Section 4. Definition of Terms. - For the purposes of this IRR, the following terms are defined as such:

- a.) **Confirmed case** refers to a case that is classified as confirmed for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical, laboratory, and other epidemiological criteria but may only be based on current/existing recommendations as to confirming laboratory test;

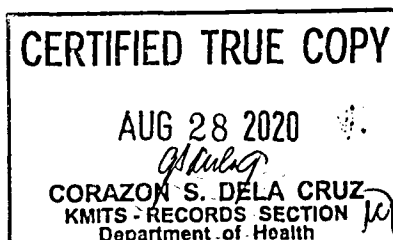


- b.) **Contact tracing** refers to the process of identification, listing, assessment, and monitoring of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts. It is a major public health intervention to interrupt ongoing transmission and reduce spread of an infection;
- c.) **Disease** refers to an illness due to a specific toxic substance, occupational exposure or infectious agent, which affects a susceptible individual, either directly or indirectly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment;
- d.) **Disease control** refers to the reduction of disease incidence, prevalence, morbidity, or mortality to a locally acceptable level as a result of deliberate efforts and continued intervention measures to maintain the reduction;
- e.) **Disease response** refers to the implementation of specific activities to control further spread of infection, outbreaks or epidemics and to prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, conduct of prevention activities, and rehabilitation and reintegration. Disease response activities shall include the imposition of minimum public health standards including, but not limited to, movement restrictions, partial or complete closure of schools and businesses, imposition of quarantine in specific geographic areas and international or domestic travel restrictions, construction of facilities for the quarantine of health and emergency front liners, and the prepositioning and distribution of personal protective equipment for health workers;
- f.) **Disease surveillance** refers to the ongoing systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice in terms of epidemics, emergencies, and disasters. A disease surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities;
- g.) **Emerging or re-emerging infectious diseases** refer to diseases that:
- i. Have not occurred in humans before;
 - ii. Have occurred previously but affected only small numbers of people in isolated areas;
 - iii. Have occurred throughout human history but have only recently been recognized as a distant disease due to an infectious agent;
 - iv. Are caused by previously undetected or unknown infectious agents;
 - v. Are due to mutant or resistant strains of a causative organism; or
 - vi. Once were major health problems in the country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population;



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3 of 31

- h.) **Epidemic or outbreak** refers to an occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time;
- i.) **Epidemiologic investigation** refers to an inquiry to the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence;
- j.) **Health event of public health concern** refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear, and environmental agents;
- k.) **Infectious disease** refers to a clinically manifested disease of humans or animals resulting from an infection;
- l.) **Isolation** refers to the separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;
- m.) **Local counterparts** of the DOH refer to government offices and agencies performing the same purposes, mandates, and/or functions as the DOH within the provinces, cities, or municipalities;
- n.) **Mandatory reporting** refers to the obligatory reporting to the DOH Epidemiology Bureau (EB) or their local counterparts, as required for notifiable diseases, epidemics or health events of public health concern;
- o.) **Non-cooperation** refers to the failure to fully comply with a duty required under the provisions of the Act and this IRR, or to abide by guidelines, orders, issuances, or ordinances issued pursuant to, and to implement the provisions of, the Act or this IRR;
- p.) **Notifiable disease** refers to a disease enumerated or may be listed pursuant to Rule II herein, which must be reported to public health authorities in accordance with Rule VI, Section 4 of this IRR;
- q.) **Probable case** refers to a case that is classified as probable for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical, laboratory, and/or other epidemiological criteria;
- r.) **Public health authorities** refers to the DOH, specifically, the EB, Disease Prevention and Control Bureau (DPCB), Bureau of Quarantine and International Health Surveillance, Health Emergency Management Bureau (HEMB), Food and Drug Administration (FDA), Government hospitals, Research Institute for Tropical Medicine (RITM) and other National Reference Laboratories, and Centers for Health Development (CHD) or DOH Regional Offices, the local health offices (provincial, city or municipality), or any person directly authorized to act on behalf of the DOH



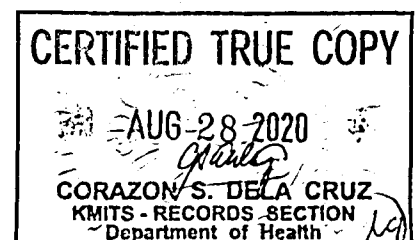
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4 of 31

and/or the local health offices. For this purpose, Local Chief Executives shall be considered public health authorities;

- s.) **Public health emergency** refers to an occurrence or imminent threat of an illness or health condition that:
- i. Is caused by any of the following: (1) Bioterrorism; (2) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; (3) A natural disaster; (4) A chemical attack or accidental release; (5) A nuclear attack or accident; or (6) An attack or accidental release of radioactive materials; and
 - ii. Poses a high probability of any of the following: (1) A large number of deaths in the affected population; (2) A large number of serious injuries or long-term disabilities in the affected population; (3) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population; (4) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or (5) Trade and travel restrictions;
- t.) **Public health threat** refers to any situation or factor that may represent a danger to the health of the people;
- u.) **Quarantine** refers to the restriction of activities and/or separation from others of suspect persons who are not ill, or of suspect baggage, containers, conveyances, or goods, in such a manner as to prevent the possible spread of infection or contamination; and
- v.) **Suspect case** refers to a case that is classified as suspect for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical and other epidemiological criteria.

Section 5. Acronyms. - As used in this IRR, the following terms shall mean:

- a.) "BOQ" - Bureau of Quarantine of the DOH;
- b.) "CESU" - City Epidemiology and Surveillance Unit;
- c.) "CHD" - Center for Health Development or Regional Offices of the DOH;
- d.) "CIF" - Case Investigation Form;
- e.) "COVID-19" - Coronavirus Disease-2019;
- f.) "CRF" - Case Report Form;
- g.) "DOH" - Department of Health;
- h.) "EB" - Epidemiology Bureau of the DOH;
- i.) "ESU" - Epidemiology and Surveillance Unit;
- j.) "FHSIS" - Field Health Services Information System;



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5 of 31

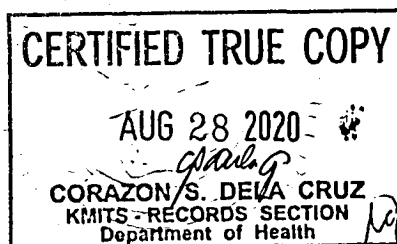
- k.) "HSSS" - Hospital Sentinel Surveillance System;
- l.) "IATA" - International Air Transport Association;
- m.) "IATF-MEID" - Inter-Agency Task Force for the Management of Emerging or Re-Emerging Infectious Diseases;
- n.) "IHR" - 2005 International Health Regulations, and its amendments;
- o.) "IRR" - The 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332;
- p.) "KMITS" - Knowledge Management and Information Technology Service of the DOH;
- q.) "LESU" - Local Epidemiology and Surveillance Unit;
- r.) "LGU" - Local Government Units;
- s.) "MERS" - Middle East Respiratory Syndrome;
- t.) "MESU" - Municipal Epidemiology and Surveillance Unit;
- u.) "NDEPH" - List of Notifiable Diseases, Syndromes and Health Events of Public Health Concern;
- v.) "NGO" - Non-Government Organization;
- w.) "PESU" - Provincial Epidemiology and Surveillance Unit;
- x.) "PHEIC" - Public Health Emergency of International Concern;
- y.) "PIDSR" - Philippine Integrated Disease Surveillance and Response;
- z.) "RESU" - Regional Epidemiology and Surveillance Unit;
- aa.) "SARS" - Severe Acute Respiratory Syndrome; and
- bb.) "WHO" - World Health Organization.

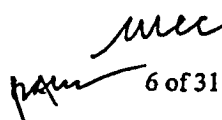
RULE II

NOTIFIABLE DISEASES AND HEALTH EVENTS OF PUBLIC HEALTH CONCERN

Section 1. *Priority Diseases/Syndromes/Conditions Targeted for Surveillance.* - The EB shall regularly update and issue a list of nationally notifiable diseases and health events of public health concern with their corresponding case definitions. For purposes of the Act and this IRR, the priority diseases/syndromes/conditions targeted for surveillance shall be selected based on the following categories:

- a.) Diseases spread by droplet:
 - i. Bacterial meningitis;




 6 of 31

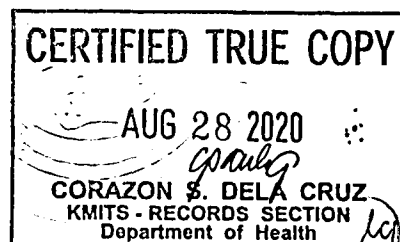
- *Haemophilus influenzae* type b (Hib)
- *Streptococcus pneumoniae*
- ii. Coronavirus disease 2019 (COVID-19);
 - Severe acute respiratory syndrome (SARS)-associated coronavirus 2 (SARS-CoV 2)
- iii. Diphtheria;
 - *Corynebacterium diphtheriae*
- iv. Hand Foot and Mouth Disease;
- v. Human Avian Influenza;
- vi. Influenza-like Illness (ILI);
- vii. Severe acute respiratory syndrome (SARS);
 - SARS-associated coronavirus
- viii. Measles;
 - *Measles morbillivirus*
- ix. Meningococcal Disease;
 - *Neisseria meningitidis*
- x. Middle East Respiratory Syndrome (MERS);
 - Middle East respiratory syndrome coronavirus (MERS-CoV); and
- xi. Pertussis (Whooping cough)
 - *Bordetella pertussis*

b.) Airborne diseases:

- i. Anthrax;
 - *Bacillus anthracis*
- ii. Human Avian Influenza;
- iii. Influenza-like Illness (ILI); and
- iv. Measles
 - *Measles morbillivirus*

c.) Diseases spread by direct contact:

- i. Acute Viral Hepatitis;
 - Hepatitis A virus (HAV)
 - Hepatitis B virus (HBV)
 - Hepatitis D virus (HDV)
- ii. Anthrax;
 - *Bacillus anthracis*
- iii. Bacterial meningitis;
 - Group B *Streptococcus*
 - *Escherichia coli*
 - *Neisseria meningitidis*
- iv. Diphtheria;
 - *Corynebacterium diphtheriae*
- v. Hand-Foot-and-Mouth Disease
- vi. Leptospirosis;
 - *Leptospira*
- vii. Meningococcal Disease; and



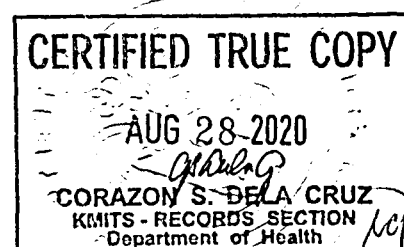
- *Neisseria meningitidis*
- viii. Rabies
 - Rabies virus (RV)

d.) Vehicle-borne diseases:

- i. Acute Bloody Diarrhea;
 - *Campylobacter* bacteria
 - *Salmonella* bacteria
 - *Shigella* species (bacillary dysentery)
 - *Entamoeba histolytica* (amoebic dysentery)
 - Enterohaemorrhagic *E. coli* (EHEC)
- ii. Acute Viral Hepatitis;
 - Hepatitis A virus (HAV)
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Hepatitis D virus (HDV)
 - Hepatitis E virus (HEV)
- iii. Anthrax;
 - *Bacillus anthracis*
- iv. Bacterial meningitis;
 - *E. coli*
 - *Listeria monocytogenes*
- v. Cholera;
 - *Vibrio cholerae*
- vi. Neonatal tetanus;
 - *Clostridium tetani*
- vii. Paralytic Shellfish Poisoning;
- viii. Typhoid and Paratyphoid Fever; and
 - *Salmonella enterica* serotype Typhi
 - *Salmonella enterica* serotypes Paratyphi A, B (tartrate negative), and C (S. Paratyphi)
- ix. Poliomyelitis (Acute Flaccid Paralysis)
 - Poliovirus

e.) Vector-borne diseases:

- i. Dengue;
 - Dengue viruses (DENV-1, -2, -3, and -4)
- ii. Acute Encephalitis Syndrome/Japanese Encephalitis; and
 - Japanese Encephalitis virus
- iii. Malaria
 - *Plasmodium* parasites (*P. falciparum*, *P. malariae*, *P. ovale* and *P. vivax*)



Section 2. Basis for Inclusion and Exclusion. - The selection and the deletion of diseases and health events of public health concern, including the procedure to be followed, shall be governed by DOH Administrative Order No. 2018 - 0028 or the "Guidelines for the Inclusion and Delisting of Diseases, Syndromes, and Health Events in the List of Notifiable Diseases,

Syndromes and Health Events of Public Health Concern (NDEPH)", or any subsequent amendments or revisions thereto. The DOH may classify notifiable diseases under those which should be immediately notifiable (Category I) or weekly notifiable (Category II). The listing and delisting of diseases of zoonotic origins, such as those being observed by the Department of Agriculture - Bureau of Animal Industry, shall be upon the recommendations of the Philippine Inter-Agency Committee on Zoonoses created pursuant to Administrative Order No. 10, s. 2011;

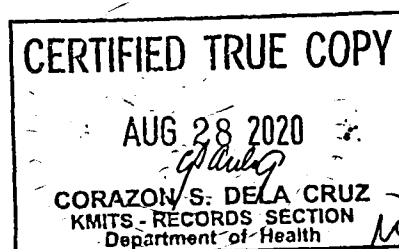
Provided, that the reference on notifiable diseases shall likewise include Volume 2, Section 10 of the latest Manual of Procedures of the Philippine Integrated Disease Surveillance and Response (PIDSR) and Event-based Surveillance and Response"

Section 3. Criteria for Inclusion. - The criteria for inclusion, recommendation, and issuance of the List of Notifiable Diseases and Health Events of Public Health Concern for mandatory reporting are any one or more of the following:

- a.) Disease is of international or national concern;
- b.) Disease has epidemic or outbreak potential;
- c.) Disease is being eliminated;
- d.) Disease is included in the top ten (10) leading cause of morbidity and/or mortality in the Philippines;
- e.) Disease with large number of serious or long term disabilities in the affected population;
- f.) Disease with large number of deaths in the affected population;
- g.) Disease characteristics, prevalence, incidence and/or mortality is changing and would likely impact public health;
- h.) Disease is a priority of the DOH; or
- i.) Disease or health event that fulfills either one of the following surveillance goals:
 - i. To monitor and control the spread of disease; and
 - ii. To monitor the trends of a disease over time.

Section 4. Criteria for Exclusion. - The following are the criteria for exclusion (de-listing) in the List of Notifiable Diseases and Health Events of Public Health Concern:

- a.) Disease is not considered a public health risk or threat;
- b.) Disease has no epidemic or outbreak potential;
- c.) Disease has been eliminated or controlled;
- d.) Disease is no longer included in the top 10 leading cause of morbidity and/or mortality;
- e.) Disease has low or no incidence of disability or residual complication;
- f.) Disease has low risk for mortality; or
- g.) Disease characteristics, prevalence, incidence and/or mortality is consistently low or has no impact to public health.



RULE III DECLARATION OF PUBLIC HEALTH EMERGENCY

Section 1. *Authority of the Secretary of Health.* - Subject to Section 2 of this Rule, the Secretary of Health shall have the authority to declare epidemics of national and/or international concern, which shall include but are not limited to:

- a.) Epidemic linked with nationally or internationally distributed pandemic;
- b.) Case/s of exotic disease acquired locally;
- c.) Diseases linked with pathogenicity;
- d.) Diseases with significant risks of international spread;
- e.) Epidemics associated with health service failure; and
- f.) Epidemics in tourist facilities, among foreign travelers or at national/international events.

No declaration by any LGU of an epidemic that constitutes national and international concern shall be valid and effective without the written affirmation/approval of the Secretary of Health.

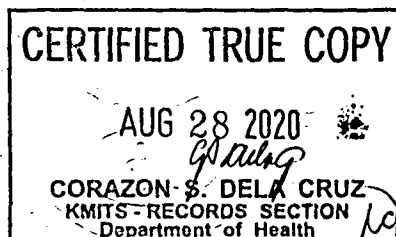
Pursuant to Section 105 of the Local Government Code, in cases of epidemics, pestilence, and other widespread public health dangers, the Secretary of Health, upon the direction of the President of the Republic of the Philippines and in consultation with the LGU concerned, may temporarily assume direct supervision and control over the health operations of the LGU for the duration of the emergency, but in no case exceeding a cumulative period of six (6) months; *Provided*, that the period for such direct national control and supervision may be further extended upon the concurrence of the LGU concerned.

The Secretary of Health may convene the Inter-Agency Task Force for the Management of Emerging or Re-emerging Infectious Diseases (IATF-MEID) created under Executive Order No. 168, s. 2014, the Inter-Agency Committee on Environmental Health created under Executive Order No. 489, s. 1991, or such inter-agency bodies or task forces as may be created and assigned, for appropriate response (e.g. de-escalation or escalation of response). Regional counterparts of the IATF-MEID or other relevant inter-agency bodies, task forces, or committees may likewise be called upon to ensure the alignment of national directives with local actions.

The Secretary of Health shall have the authority to declare if an epidemic or outbreak has ended.

Section 2. *Declaration by the President.* - In the event of an epidemic of national and/or international concern that threatens national security, the President of the Republic of the Philippines shall declare a State of Public Health Emergency and mobilize governmental and non-governmental agencies to respond to the threat.

Section 3. *Declaration by Provincial, City, or Municipal Health Offices.* - Provincial, city or municipal health offices shall only declare a disease outbreak within their respective localities; *Provided*, that the declaration is supported by sufficient scientific evidence based



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on disease surveillance data, epidemiologic investigation, environmental investigation, and laboratory investigation.

Provided, further, that the Secretary of Health shall have the authority to affirm or reverse any declaration of a disease outbreak by any provincial, city, and municipal health office.

RULE IV GRANT OF STATUTORY AND REGULATORY AUTHORITY

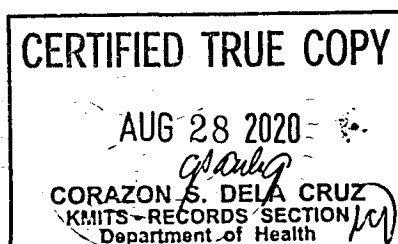
Section 1. Powers and Functions. - To perform their disease surveillance and response functions, authorized personnel from the DOH and its local counterparts are granted the statutory and regulatory authority to enforce the following, subject to the guidelines as may be issued by the DOH:

- a.) Establishment of public health information systems and disease surveillance and response systems in private and public health facilities deemed necessary to protect the health of the population;
- b.) Mandatory reporting of notifiable diseases and health events of public health concern;
- c.) Conduct of epidemic/outbreak and epidemiologic investigations; case investigations, patient interviews; review of medical records; contact tracing; collection, storage, transport and testing of samples and specimen; risk assessments; laboratory investigation; population surveys; and environmental investigation;
- d.) Rapid containment, quarantine and isolation, disease prevention and control measures, and product recall; and
- e.) Response activities for events of public health concern.

RULE V PUBLIC HEALTH INFORMATION AND AND DISEASE SURVEILLANCE AND RESPONSE SYSTEMS

Section 1. Official List of Institutionalized Systems. - The official public health information and disease surveillance and response systems shall be as follows:

- a.) Hospital Sentinel Surveillance System (HSSS);
- b.) Field Health Services Information System (FHSIS);
- c.) Philippine Integrated Disease Surveillance Response (PIDSR) System, with its Case-based Surveillance and Event-based Surveillance;
- d.) Community-Based Disease Surveillance System;
- e.) Laboratory Surveillance System;
- f.) Quarantine Health Services and Information System of the BOQ; and
- g.) Other duly institutionalized public health disease surveillance and response systems as may be issued by the DOH (e.g. COVID KAYA for COVID-19, Health Facility Capacity Monitoring, among others).



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pm 11 of 31

The DOH EB shall be responsible in giving the specifications of health information systems and disease surveillance and response systems if there will be new systems created aside from the ones listed in the official institutionalized system to ensure that the data collected from various local units can be collated in a central database for future analysis and decision-making processes.

Section 2. *Operations.* - The DOH and its local counterparts shall establish and maintain functional disease surveillance and response systems, which include coordination mechanisms, implementation protocols for reporting and response, measures for data security and confidentiality, and procedures and provision to ensure safety of personnel conducting disease surveillance and response activities.

The DOH and its local counterparts shall ensure that all surveillance and response officers have adequate capacity for mandatory reporting of notifiable diseases, risk assessment, epidemiology, disease surveillance, and response to epidemics and health events of public health concern. They shall also ensure that the safety and protection of all personnel directly involved in surveillance and response activities are upheld.

Section 3. *Digitization.* - The DOH, in close coordination with its local counterparts and other government agencies and stakeholders, shall endeavor to develop digitized public health information and disease surveillance and response systems to maximize the identification, detection, testing, quarantine and isolation, treatment, and other activities aimed at preventing, mitigating, containing, or addressing notifiable diseases and health events of public health concern.

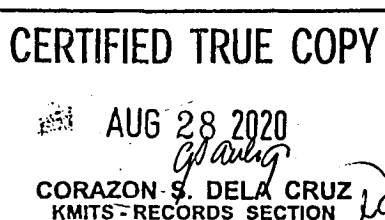
Section 4. *Respect for Human Rights.* - All personnel of the DOH and its local counterparts, and all other individuals or entities involved in conducting disease surveillance and response activities shall respect, to the fullest extent possible, the rights of people to liberty, bodily integrity, and privacy while maintaining and preserving public health and security.

RULE VI MANDATORY REPORTING OF NOTIFIABLE DISEASES AND HEALTH EVENTS OF PUBLIC HEALTH CONCERN

Section 1. *Implementation.* - The DOH, in close coordination with its local counterparts, is mandated to implement the mandatory reporting of notifiable diseases and health events of public health concern.

Section 2. *Persons and Entities Required to do Mandatory Reporting.* - Subject to the procedure laid down under this Rule, all of the following, whether public or private, are required to accurately and immediately report notifiable diseases and health events of public health concern provided for under Rule II of this IRR or as may be issued by the DOH:

- a.) Licensed public and private medical and allied health professionals;
- b.) Health facilities and offices as defined under the DOH Administrative Order No. 2019-0060 or the Guidelines on the Implementation of the National Health Facility Registry (Annex "A"), or subsequent amendments or revisions thereto;



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pm 12 of 31 *6*

- c.) Workplaces including those in special economic and/or free port zones;
- d.) Public and private educational institutions providing basic education, higher education, or technical-vocational education and/or training;
- e.) Prisons, jails, or detention centers;
- f.) Major transportation passenger terminals, and seaports and airports;
- g.) Dining and hotel and other accommodation establishments, including other establishments as may be required by public health authorities;
- h.) Communities, including household members, the *punong barangay*, barangay health emergency response teams, homeowners' associations, indigenous people communities, cooperatives, and community-based organizations;
- i.) Other government agencies providing health and emergency frontline services, border control, and other critical services; and
- j.) Professional societies, civic organizations, and other NGOs.

Section 3. *Categories of Notifiable Diseases and Health Events of Public Health Concern.*

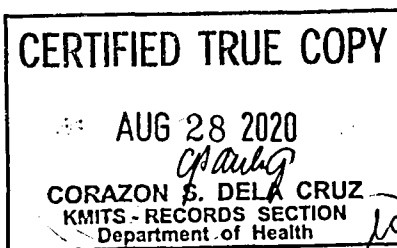
- All persons or entities under Section 2 of this Rule shall report notifiable diseases and health events of public health concern in accordance with the PIDSR and their categorization or disease surveillance guidelines or manual of procedures that may be later developed. The diseases/syndromes enumerated under Rule II, or listed as a notifiable disease or health event of public health concern pursuant thereto, shall be categorized as immediately notifiable (Category I) or weekly notifiable (Category II):

For the purpose of this IRR, the following diseases/syndromes shall be categorized as immediately notifiable (Category I):

- a.) Acute Flaccid Paralysis;
- b.) Adverse Event Following Immunization;
- c.) Anthrax;
- d.) COVID-19;
- e.) Hand-Foot-and-Mouth Disease;
- f.) Human Avian Influenza;
- g.) Measles;
- h.) Meningococcal Disease;
- i.) Middle East Respiratory Syndrome (MERS);
- j.) Neonatal Tetanus;
- k.) Paralytic Shellfish Poisoning;
- l.) Rabies; and
- m.) Severe Acute Respiratory Syndrome (SARS).

On the other hand, the following diseases/syndromes shall be categorized as weekly notifiable (Category II):

- a.) Acute Bloody Diarrhea;
- b.) Acute Encephalitis Syndrome;
- c.) Acute Hemorrhagic Fever Syndrome;
- d.) Acute Viral Hepatitis;
- e.) Bacterial Meningitis;
- f.) Cholera;



13 of 31

- g.) Dengue;
- h.) Diphtheria;
- i.) Influenza-like Illness;
- j.) Leptospirosis;
- k.) Malaria;
- l.) Non-neonatal Tetanus;
- m.) Pertussis; and
- n.) Typhoid and Paratyphoid Fever.

Section 4. *Submission of Report to the Local Epidemiology and Surveillance Units.* - Mandatory reporting of notifiable diseases or health events of public health concern shall be done by submitting the Case Investigation Form (CIF) for diseases/syndromes under Category I diseases/syndromes), or the Case Report Form (CRF) for diseases/syndromes under Category II, to the local epidemiology and surveillance unit (LESU) mandated to be established or maintained under Rule VII of this IRR. The DOH may prescribe such other official forms as appropriate.

In localities where no LESU is in place, the report shall be submitted to the local health office.

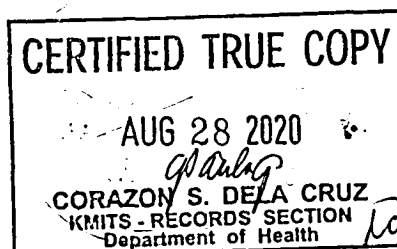
Upon receipt of reports, the LESU or the local health office shall then timely submit reports in accordance with reporting procedures mandated under the PIDSR or in disease surveillance guidelines or manual of procedures that may be later developed" as may be directed by the DOH.

In instances where the suspect case involves a foreign national, immediate coordination with the Department of Foreign Affairs and the Bureau of Immigration shall likewise be made for their appropriate action.

Section 5. *Deadline for Reporting.* - Diseases or syndromes included under Category I are considered immediately notifiable and should be reported to the LESU, RESU, and EB within twenty-four (24) hours from detection. Diseases or syndromes included under Category II shall be reported every Friday of the week.

Section 6. *Minimum Data Needed for Mandatory Reporting.* - The necessary data for collection in the prescribed official forms under the DOH Manual of Procedures such as the CIF (Annex "B") or the CRF (Annex "C"), shall be the following:

- a.) Name of disease reporting unit;
- b.) Name of interviewer at first point of contact;
- c.) Name of the person subject of the interview;
- d.) Age;
- e.) Sex;
- f.) Civil status;
- g.) Date of birth;
- h.) Permanent residential address (from the smallest identifiable geographical unit such as street, purok or barangay);



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- i.) Current residential address (from the smallest identifiable geographical unit such as street, purok or barangay);
- j.) Date of onset of illness or symptoms; and
- k.) Contact details such as mobile or landline phone number, or email address.

In addition to the aforementioned details, the reporting entities must, as far as practicable, likewise obtain the following data as part of the CIF:

- a.) History of travel (places/countries visited, date of travel to places/countries visited, date of arrival to residence/the Philippines, as well as places recently visited in the Philippines) in the last thirty (30) days; and
- b.) Other health conditions such as comorbidities, medical history, last menstrual period if applicable, among others.

The aforementioned details are crucial and indispensable for the formulation of appropriate policies and disease response activities. Hence, health professionals conducting the interview at point of first contact shall obtain such details from a suspect case, properly informing the data subject that the information sought to be obtained is being processed in accordance with Republic Act No. 10173, or the "Data Privacy Act of 2012," and that deliberately providing false or misleading personal information on the part of person, or the next of kin in case of person's incapacity, may constitute as non-cooperation punishable under the Act or this IRR.

Section 7. *Furnishing of Information as Prerequisite to Availing of Health Services.* - For notifiable diseases and health events of public health concern, patients are obliged to provide complete and accurate data required in Section 6 of this Rule to the interviewer at point of first contact prior to availing of health care services. In emergency cases, the next of kin shall provide the necessary data while the patient is being treated.

RULE VII EPIDEMIOLOGY AND SURVEILLANCE UNITS

Section 1. *Establishment of ESUs.* - It is hereby directed that all local health offices in every province, city and municipality nationwide, including all the persons and entities required to do mandatory reporting under Rule VI, Section 2, of this IRR shall establish or designate ESUs and submit such designation to the CHD/Regional Office of the DOH in their respective regions not later than fifteen (15) days from the effectivity of this IRR.

The ESU shall capture and verify all reported notifiable diseases and health events of public health concern; provide timely, accurate, and reliable epidemiologic information to appropriate agencies; conduct disease surveillance and epidemiologic response activities including contact tracing; recommend needed response; and facilitate capacity building in applied field epidemiology, disease surveillance and response as organized and provided by the EB.

All ESUs shall be required to have a trained human resource complement and provision of adequate resources, including equipment, logistics, communication,

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Department of Health

15 of 31

transportation, laboratory supplies and reagents, personal protective equipment and health insurance, to effectively perform their disease surveillance and response functions.

Section 2. Organizational Structure at the Local Level. - The EB together with the RESU shall provide technical assistance to the Provincial/City/Municipal Epidemiology and Surveillance Unit (PESU/CESU/MESU) in determining appropriate organizational structure to ensure efficient and effective operation of an ESU. Once created, the budgetary requirement for the operation of the ESUs shall be drawn from the annual budgetary allocation of their respective mother offices.

The Office of the Provincial/City/Municipal Health Officer, as approved by the Provincial/City/Municipal Health Office Board, shall determine the establishment and composition of an ESU, in accordance with the organization of the respective Province/City/Municipality-Wide Health System of the said LGU.

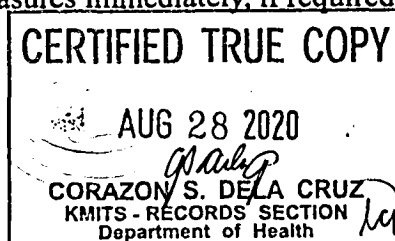
Each ESU shall have at least one (1) disease surveillance officer duly trained on applied/field epidemiology, surveillance, and response, and one (1) epidemiology assistant of an allied health profession.

Pending the formal creation or establishment of plantilla positions of ESUs in LGUs, the Local Health Board may temporarily designate personnel capable of performing tasks as stated herein, and be provided with essential resources, to serve as members of the ESU.

Section 3. Functional Relationship. - The RESUs shall be an office directly under the Office of the DOH Regional Director. Resources, such as appropriate number of plantilla positions and budgetary requirements, shall be distinct and separate from the health emergency units. The functionality of the RESU shall be regularly monitored by the EB, while the PESU/CESU/MESU shall be monitored by the RESU.

Section 4. Functions. - The ESUs at the city and municipal level, as the case may be, shall have the following functions:

- a.) Organize data collection and gather epidemiological data from their health facilities (Rural Health Units, Health Centers, Barangay Health Stations, satellite clinics, etc.);
- b.) Prepare and periodically update graphs, tables and charts to describe time, place and person for Notifiable / Reportable diseases and conditions;
- c.) Analyze data and provide feedback to health facilities and local leaders;
- d.) Identify and inform concerned personnel (Rural Health Physicians, Public Health Nurses, Rural Health Midwives, and Barangay Health Workers) immediately of any disease or condition in their expected areas that: exceeds an epidemic threshold, occurs in locations where it was previously absent, occurs more often in a population group than previously, and presents unusual trends or patterns;
- e.) Carry out outbreak investigations;
- f.) Coordinate with appropriate laboratory for collection and transport of specimens;
- g.) Liaise with other agencies such as Department of Agriculture or Department of Environment and Natural Resources whose assistance is needed to complete outbreak investigation;
- h.) Implement preliminary control measures immediately, if required:



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16 of 31

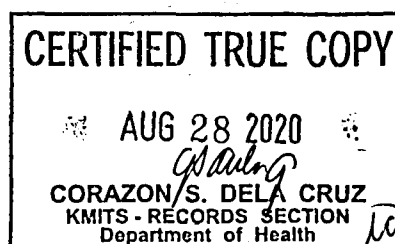
- i.) Forward epidemiological data to the next level on a regular basis and in accordance with the national surveillance protocol; and
- j.) Use epidemiological data to plan and implement communicable disease control activities at the municipal and city level.

ESUs at the provincial level shall perform the following:

- a.) Organize data collection and gather epidemiological data from their sentinel sites (Provincial Hospital, District Hospitals, etc.);
- b.) Prepare and periodically update graphs, tables, and charts to describe time, place and person for Notifiable / Reportable diseases and conditions;
- c.) Analyze data and provide feedback to health facilities and provincial leaders;
- d.) Identify and inform city/municipal health offices immediately of any disease or condition in their expected areas that: exceeds an epidemic threshold, occurs in locations where it was previously absent, occurs more often in a population group than previously, and presents unusual trends or patterns;
- e.) Confirm the status of reported events from the municipalities and cities and to support or implement additional control measures if necessary;
- f.) Assess reported events immediately and, if found urgent, to report all essential information to the CHD/DOH Regional Office and DOH central office. Urgent events are those with serious public health impact and/or unusual or unexpected nature with high potential for spread;
- g.) Provide on-site assistance (e.g., technical, logistics, laboratory analysis of samples) as required to supplement local investigations at the municipal and city level;
- h.) Establish, operate, and maintain a public health epidemic preparedness and response plan, including the creation of multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern;
- i.) Notify the DOH central office of all reported urgent events within twenty-four (24) hours as required in the IHR;
- j.) Forward epidemiological data to the next level as identified in the PIDSR Manual or disease surveillance guidelines or manual of procedures that may be later developed on a regular basis and in accordance with the national surveillance protocol;
- k.) Use epidemiological data to plan and implement communicable disease control activities at the provincial level; and
- l.) Support municipal and city surveillance teams in strengthening surveillance and epidemic response through training and supervision.

The functions of ESUs in entities required to do mandatory reporting of notifiable diseases and health events of public health concern shall be governed under Rule X, Section 1 of this IRR.

The aforementioned functions are subject to changes in accordance with subsequent amendments to the PIDSR Manual, if any, or as prescribed by EB, as necessary.



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RULE VIII DISEASE SURVEILLANCE

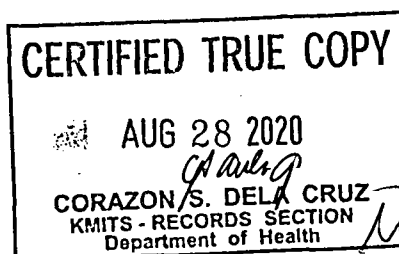
Section 1. *Processing of Information.* – Data collection, analysis, dissemination of information, from official disease surveillance and response systems shall be done by authorized personnel from the DOH and its local counterparts, and shall be used for public health concern purposes only. Subject to the foregoing conditions and consistent with the provisions of the Data Privacy Act of 2012, the personnel authorized to process personal data and information, which shall include the checking of completeness of the data entries in the required forms, and consistency of data in the summary sheets and prescribed official forms such as the CIFs, and CRFs, shall be as follows:

- a.) The Municipal Health Officer of the Rural Health Unit/Municipal Health Office, the City Health Officer of the City Health Office; or the Provincial Health Officer of the Provincial Health Office, as applicable;
- b.) The Regional Epidemiology and Surveillance Unit Head of the CHDs/Regional Offices of the DOH; and
- c.) The Public Health Surveillance Division of the DOH EB.

Section 2. *Disease Surveillance Duty of DOH Offices.* – The DOH shall ensure that epidemiology and surveillance capacity is treated as an essential service capability across all health systems and health facilities, and provide enabling policies, regulations, capacity building, capital outlay, operating expenses, and personnel to fulfill such.

The DOH, through the following offices, shall perform the following disease surveillance functions:

- a.) The EB shall:
 - i. Assess all reported epidemics within forty-eight (48) hours; and
 - ii. Notify the WHO when the assessment indicates that the event is a public health emergency of international concern (PHEIC); and
 - iii. Coordinate with other DOH offices in establishing a laboratory network.
- b.) The BOQ shall:
 - i. Develop and ensure compliance to protocols and field operation guidelines on entry or exit management of persons, conveyances, and goods in coordination with airport and port authorities;
 - ii. Be in charge of quarantine as deemed necessary;
 - iii. Conduct surveillance in ports and airports of entry and sub-ports as well as the airports and ports of origin of international flights and vessels;
 - iv. Monitor public health threats in other countries; and
 - v. Provide effective networking and collaboration among the BOQ stakeholders.



c.) The CHDs/Regional Offices of the DOH shall:

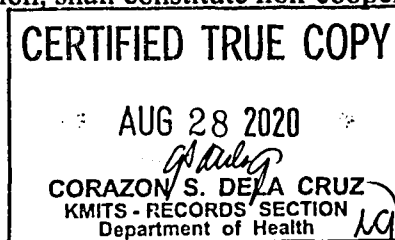
- i. Assess reported epidemics immediately and report all essential information to the DOH central office;
- ii. Provide direct liaison with other regional government agencies;
- iii. Provide a direct operational link with senior health and other officials at the regional level; and
- iv. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals.

d.) The RESUs shall:

- i. Provide on-site assistance (e.g., technical, logistics, and laboratory analysis of samples) as requested through any means of communication to supplement local epidemic investigations and control;
- ii. Coordinate with appropriate laboratory for collection and transport of specimens especially if specialized laboratory testing is necessary;
- iii. Establish, operate, and maintain a regional epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern;
- iv. Assess reported epidemics immediately and report all essential information to the DOH central office;
- v. Provide direct liaison with other regional government agencies;
- vi. Provide a direct operational link with senior health and other officials at the regional level;
- vii. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals; and
- viii. Advocate to the LGUs and the persons and entities required to do mandatory reporting under Rule VI of this IRR, to ensure functionality of their ESUs and to actively participate in disease surveillance and response by having information drive and having systems in place for mandatory reporting and response to health events.

RULE IX QUARANTINE AND ISOLATION

Section 1. *Quarantine and Isolation Measures.* - In the performance of surveillance and response activities, authorized personnel of DOH and its local counterparts are empowered to determine if a person exhibits symptoms of infection of, or is a close contact of a person found to have been infected with, a notifiable disease or a health event of public health concern, and accordingly issue a quarantine/isolation order or directive to compulsorily confine the person inside a facility or in his/her home residence for an indicated period. A person subject to such order or directive is bound to stay therein until the expiration of said period. Failure to comply with the quarantine/isolation order, as well as violation of the terms or conditions of the quarantine or isolation, shall constitute non-cooperation.



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19 of 31

No home quarantine/isolation shall be permitted in instances where the nature of the notifiable disease or health event of public health concern requires a more stringent form of quarantine or isolation.

Home and/or facility-based quarantine or isolation shall be in accordance with the protocols as may be issued by the DOH taking into account humane and dignified treatment and living conditions during the course of the quarantine. Compliance with the protocols on quarantine and isolation such as provision of necessary basic facilities shall be subject to regular ocular inspection or visit of quarantine/isolation facilities by the public health authorities, both home and facility-based.

The DOH or its local counterparts may mobilize other government offices, such as officials at the barangay level and personnel of law enforcement agencies to accompany them in enforcing quarantine or isolation measures; *Provided*, that the participation of local law enforcement agencies should only be limited to assisting the DOH and local counterparts in the enforcement of quarantine/isolation orders.

RULE X DISEASE RESPONSE

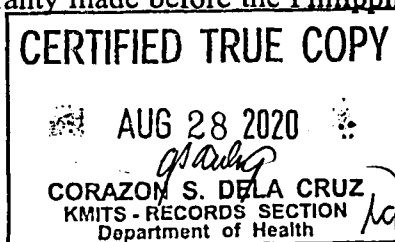
Section 1. *Persons or Entities Required to Participate in Disease Response Activities, and Specific Responsibilities.* - Pursuant to Rule I, Section 3(h) of this IRR, the following are required to participate in disease response activities as may be enforced by the DOH or its local counterparts. At the minimum, they are required to perform the following acts:

a.) Licensed public and private medical and allied health professionals shall:

- i. For those employed in health facilities, notify the respective reporting or surveillance unit of their facilities of notifiable disease or health event of public health concern; and
- ii. For private practitioners, report the same directly to the local health office.

b.) Health facilities and offices as defined under Annex "A" shall:

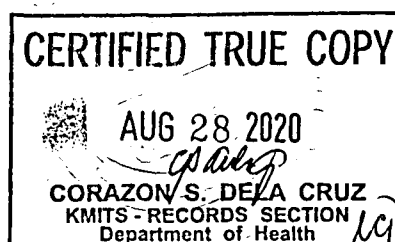
- i. Establish or designate their ESUs within the period provided under this IRR;
- ii. Comply with the appropriate surveillance system (verification, validation, quality check of CIF/CRF, encoding, and reporting to a higher level of ESU);
- iii. Report cases of notifiable diseases or health events of public health concern to the appropriate public health authorities using the CIF or CRF, as the case may be;
- iv. Allocate hospital beds in such number or percentage as may be deemed necessary by the DOH, or corresponding to the peak day critical care capacity based on updated projections from a DOH-recognized epidemiological projection model for a particular epidemic, to accommodate and service patients affected by the notifiable disease or health event of public health concern. *Provided*, that compliance with this rule shall not constitute a violation of relevant warranty made before the Philippine Health Corporation



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20 of 31

(PhilHealth) or the Health Facilities and Services Regulatory Bureau of the DOH;

- v. Coordinate the transfer of patients who are classified as mild cases to a different facility, in instances where there is a need to prioritize severe and critical cases and/or once the surge capacity has been reached;
 - vi. Report health system data as required by the DOH, such as but not limited to, the number of hospital beds available;
 - vii. Participate in unified hospital command systems as may be organized by the DOH, its local counterparts, or other public health authorities; and
 - viii. Adhere to the Philippine Epidemic Preparedness and Response Plan issued by the DOH.
- c.) Private companies and institutions; workplaces including those in special economic and/or freeport zones; public and private educational institutions providing basic education, higher education, technical vocational education and/or training; major transportation passenger terminals, seaports and airports; dining, hotel and other accommodation establishments, including other establishments as may be required by the DOH; other government agencies providing health and emergency frontline services, border control, and other critical services; and prisons, jails, or detention centers shall:
- i. Establish or designate a unit that will perform the functions of an ESU within their respective premises;
 - ii. Participate in disease response activities by reporting health events to their local health office using the event-based surveillance form (Annex "D") within twenty-four (24) hours from identification; and
 - iii. As appropriate, provide adequate support for their workforce in terms of transportation, lodging, food allowance, and other appropriate assistance.
- d.) Private companies in the transportation sector (aviation, maritime, road, rail) shall comply with the duty to transport samples, specimens, or hot boxes following the guidelines of the International Air Transport Association (IATA) on transporting infectious and hazardous materials, or such other similar guidelines, including mission-critical personal protective equipment, medicines, medical equipment, and other commodities.
- e.) Communities, including household members, the *punong barangay*, barangay health emergency response teams, homeowners' associations, indigenous people communities, cooperatives, and community-based organizations shall:
- i. Report any health event of public health concern to the local health office within twenty-four (24) hours from occurrence thereof; and
 - ii. Perform such other functions to respond to the notifiable disease or health event of public health concern.



f.) Professional societies, civic and faith-based organizations, civil society organizations, and other non-government organizations shall:

- i. Designate a unit or person/s that shall perform the event-based surveillance of any notifiable disease or health event of public health concern in any activity that may be organized by them; and
- ii. Report any health event of public health concern that takes place to the local health office where such activity is held within twenty-four (24) hours from occurrence thereof.

For all of the foregoing, failure to comply with the disease response systems indicated herein shall constitute non-cooperation. Further, all of the foregoing surveillance and response activities shall be without prejudice to the guidelines/rules/regulations that may be issued by other national government agencies in close coordination with the DOH.

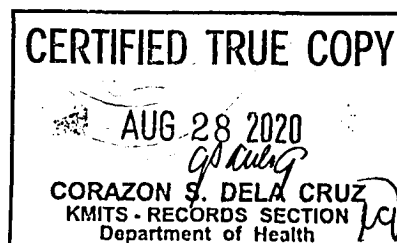
Section 2. Disease Response Activities Required of Communities and the General Public. - Communities and the general public shall comply with minimum public health standards and/or non-pharmaceutical interventions as may be enforced by the DOH and its local counterparts may as part of their duty to participate in response activities to notifiable diseases and health events of public health concern, which shall include the following:

a.) For diseases spread by droplets enumerated in, or may be classified as such, under Rule II:

- i. Regular and thorough washing of hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component;
- ii. Covering the nose and mouth with a tissue when coughing or sneezing. Properly disposing of used tissue, and washing of hands thereafter;
- iii. Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently;
- iv. Limited transport and movement of patients (e.g. use of portable diagnostic equipment and tools to limit the movement of patients from one place to another within the health facility); and
- v. Wearing of masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts.

b.) For airborne diseases enumerated in, or may be classified as such, under Rule II;

- i. Regular and thorough washing hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component;
- ii. Covering the nose and mouth with a tissue when coughing or sneezing. Properly disposing of used tissue, and washing of hands thereafter;
- iii. Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently;
- iv. Increasing ventilation in all settings to reduce airborne transmission;

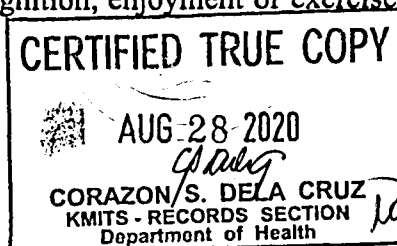


22 of 31

- v. Limited transport and movement of patients (e.g. use of portable diagnostic equipment and tools to limit the movement of patients from one place to another within the health facility);
 - vi. To do home quarantine or home isolation as advised by a medical professional or by the DOH's advisories;
 - vii. Avoidance of close contact with people who have symptoms of the disease; and
 - viii. Wearing of masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts.
- c.) For diseases spread by direct contact enumerated in, or may be classified as such, under Rule II:
- i. Regular and thorough washing hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component;
 - ii. Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently;
 - iii. Avoiding close contact with sick persons; and
 - iv. Isolating contagious persons.
- d.) For vehicle-borne diseases enumerated in, or may be classified as such, under Rule II:
- i. Using barrier contraception when engaging in sexual intercourse if currently infectious due to sexually transmitted infection;
 - ii. Non-sharing of needles when administering drugs;
 - iii. Avoiding use of an infected person's personal items; and
 - iv. Taking precautions when undergoing tattooing or body-piercing procedures.
- e.) For vector-borne diseases enumerated in, or may be classified as such, under Rule II:
- i. Removing stagnant water in receptacles at least once a week;
 - ii. Using screens on windows and doors to keep mosquitoes outside homes; and
 - iii. Using mosquito bed nets, if screened rooms are not available when sleeping outside of an enclosed space.

The aforementioned shall be without prejudice to the authority of the DOH or its local counterparts to require additional minimum public health standards and non-pharmaceutical interventions should the same be warranted, and to disease-specific minimum public health standards and/or non-pharmaceutical interventions stated under Annex "E."

In addition, communities, as part of their response activities, shall extend the necessary assistance to ensure that no acts of discrimination shall be inflicted upon persons identified as having the notifiable disease or health events of public health concern whether confirmed, recovered, or undergoing treatment, as well as suspect and probable cases, including health care workers and personnel providing health and emergency frontline services. Discrimination refers to any distinction, exclusion or restriction which has the purpose or effect of nullifying the recognition, enjoyment or exercise, on an equal basis with



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23 of 31
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others, of all human rights and fundamental freedoms. It includes all forms of discrimination, including denial of reasonable accommodation.

Failure to comply with the foregoing shall constitute non-cooperation.

Section 3. *Disease Response Activities Required of the DOH.* - The DOH, through the following offices shall perform the following response activities:

a.) The Epidemiology Bureau shall:

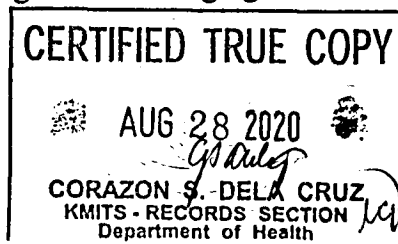
- i. Rapidly determine the control measures required to prevent domestic and international spread of disease;
- ii. Provide support through specialized staff and logistical assistance during epidemic investigation and response;
- iii. Establish effective networking with other relevant government agencies at the national local level;
- iv. Provide direct operational link with senior health and other officials at the national and local levels to approve rapidly and implement containment and control measures;
- v. Provide timely and relevant data to the public;
- vi. Facilitate the dissemination of information and recommendations from DOH Central office and WHO regarding local and international public health events to the concerned agencies and institutions; and
- vii. Facilitate the budget allocation for surveillance and response at the CHDs/Regional Offices of the DOH;

b.) The DOH representatives to the LGUs shall ensure that the roles and functions of the CHDs/Regional Offices of the DOH are being implemented at their assigned LGUs, as follows:

- i. Plan and advocate the implementation of functional ESU to the Local Health Board;
- ii. Provide technical assistance in terms of hospital development, formation of functional unit of surveillance, outbreak, emergency and disaster response;
- iii. Provide regular feedback to the CHD/Regional Office of the DOH the status of ESU functionality, and regulatory issues;
- iv. Mobilize resources;
- v. Evaluation; and
- vi. Inter-agency and inter-sectoral collaborator;

c.) The Disease Prevention and Control Bureau shall:

- i. Provide updates, technical advice, and recommendations on the recognition, prevention, and control of diseases;
- ii. Organize the DOH Management Committee for the Prevention and Control of Emerging and Re-emerging Infectious Diseases;
- iii. Prepare, and lead in the implementation of, the Philippine Preparedness and Response Plan for Emerging and Re-emerging Infectious Diseases; and



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24 of 31
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- iv. Timely update the Philippine Preparedness and Response Plan for emerging and re-emerging infectious diseases as the need arises. For this purpose, other agencies and offices of the government may be called upon to participate in the formulation of the response plan as well as for simulation exercises;

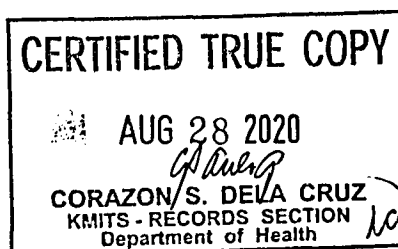
d.) The CHDs/Regional Offices shall:

- i. Provide on-site assistance (e.g., technical, logistics, and laboratory analysis of samples) as requested to supplement local epidemic investigations and control;
- ii. Establish, operate and maintain a regional epidemic preparedness and response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of local and international concern;
- iii. Provide technical and logistical assistance in the establishment of ESUs at the provincial/city/municipal health offices;
- iv. Ensure the functionality of the regional disease surveillance and response system;
- v. The Hospital Licensing Team at the CHDs/Regional Offices shall track and monitor the compliance of public and private hospitals in the implementation of PIDSR or other disease surveillance systems and their guidelines or manual of procedures that may be later developed as part of the requirements for renewal of license to operate. The team shall inform the CHDs/PHOs/LGUs of activities taken against non-complying hospital institutions. Likewise, provincial/city/municipal health offices shall report to the CHDs/ Regional Offices hospitals and related facilities that fail to comply with the reporting requirements of PIDSR or other disease surveillance systems and their guidelines or manual of procedures that may be later developed. The regional director shall issue a regional order to enforce compliance; and
- vi. Create an Epidemic Management Committee at the regional level;

e.) The RESUs shall:

- i. Provide on-site assistance (e.g., technical, logistics, and laboratory analysis of samples) as requested to supplement local epidemic investigations and control;
- ii. Establish, operate, and maintain a regional epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern;
- iii. Provide technical and logistical assistance in the establishment of ESUs at the provincial/city/municipal health offices; and
- iv. Ensure the functionality of the regional disease surveillance and response system;

- f.) The Health Emergency Management Bureau shall act as the DOH coordinating unit and operations center for all health emergencies, disasters, and incidents with potential of becoming an emergency;

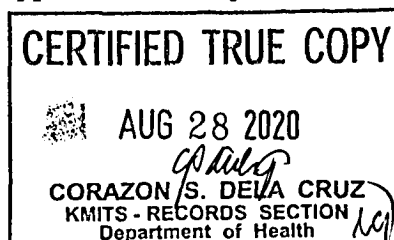


25 of 31

- g.) The Health Promotion Bureau shall develop and implement strategic risk and response communications plan to empower all stakeholders in observing recommended and evidence-based measures, upon the Secretary of Health's declaration of an epidemic;
- h.) The Knowledge Management and Information Technology Service (KMITS), under the technical advice and in close collaboration with the EB, shall develop, establish, and maintain a harmonized electronic functional public health information system to support the disease surveillance and response systems, which shall include, but shall not be limited to, coordination mechanisms, data compatibility and interoperability, implementation protocols for reporting and response, and measures for data security and confidentiality;
- i.) The Health Facility Development Bureau shall lead, in close collaboration with the EB, the development of facility standards in the establishment and maintenance of functional ESUs, which include, but not limited to, infrastructure and equipment;
- j.) The Health Facilities Enhancement Program shall ensure that appropriate funding is provided for the development of government ESUs in terms of infrastructure, equipment, and surveillance and response vehicles;
- k.) The Health Human Resource Development Bureau and Personnel Administration Division shall lead in ensuring that appropriate staffing is provided in the national and regional ESUs; *Provided*, that the EB shall provide the appropriate staffing standards for ESUs at each level; and
- l.) The Health Facilities and Services Regulatory Bureau shall include an ESU as part of its minimum standards for the regulation of health facilities and services.

Section 4. Disease Response Activities Required of Local Counterparts. - Local health offices shall perform the following response activities:

- a.) The Provincial Health Office (and CHOs of Highly Urbanized Cities and Chartered Cities) shall:
 - i. Setup and maintain a functional provincial disease surveillance system equipped with the necessary resources and adequate local financial support. Financial support may come from the disaster, calamity, or other appropriate funding sources as determined by the provincial government officials;
 - ii. Collect, organize, analyze, and interpret surveillance data in their respective areas;
 - iii. Report all available essential information (*e.g.*, clinical description, laboratory results, numbers of human cases and deaths, sources and type of risk) immediately to the regional level;
 - iv. Assess reported epidemics immediately and report all essential information to CHDs/Regional Offices of the DOH and DOH Central office;
 - v. Provide on-site assistance (*e.g.*, technical, logistical, and laboratory analysis of samples) as requested to supplement local epidemic investigations and control;



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- vi. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals; and
- vii. Establish, operate, and maintain a provincial epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern.

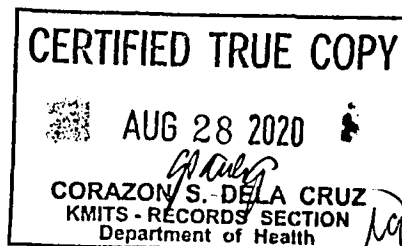
b.) The Municipal/City Health Office shall:

- i. Setup and maintain a functional municipal/city/community disease surveillance system equipped with the necessary resources and adequate local financial support. Financial support may come from the disaster, calamity, or other appropriate funding sources as determined by the municipal/city government officials;
- ii. Collect, organize, analyze, and interpret surveillance data in their respective areas;
- iii. Report all available essential information (e.g., clinical description, laboratory results, numbers of human cases and deaths, sources and type of risk) immediately to the provincial level;
- iv. Implement appropriate epidemic control measures immediately;
- v. Establish, operate, and maintain a municipal/city epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency; and
- vi. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals.

Section 5. Disease Response Activities Required of Philippine Health Insurance Corporation (PhilHealth). - The PhilHealth shall support the implementation of disease surveillance and response in hospitals and private practitioners by using its accreditation authority and reimbursement of claims as a leverage to encourage compliance.

Section 6. Response Activities Based on Guidelines Issued by Authorized Entities. - Response activities set forth by the IATF-MEID or such other relevant authorities as may be authorized by the DOH or its local counterparts shall be mandatory over persons or entities mentioned under Rule I, Section 3(h) of this IRR. Guidelines may include, but are not limited to:

- a.) Where appropriate, using governmental authorities to limit non-essential movement of people, goods, services into and out of areas where an outbreak occurs;
- b.) Providing guidance to all levels of government on the range of options for infection control and containment, including those circumstances where social distancing measures, limitations on gatherings or quarantine authority may be an appropriate public health intervention;
- c.) Emphasizing the roles and responsibilities of the individual in preventing the spread of an outbreak and the risk to others if infection-control practices are not followed; and
- d.) Providing guidance for LGUs, and industries to prevent the spread of disease.



Section 7. *Other Disease Response Activities.* - The aforementioned provisions notwithstanding, public health authorities may enforce other response activities as may be called for to address notifiable diseases or health events of public health concern, in accordance with the following criteria:

- a.) The response required shall be in the form of activities aimed to control the further spread of infection, outbreaks or epidemics and prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, conduct of prevention activities, and rehabilitation;
- b.) The response is mandated by a public health authority; and
- c.) The response is required of persons or entities mandated to participate in response activities pursuant to Rule I, Section 3(h) of this IRR.

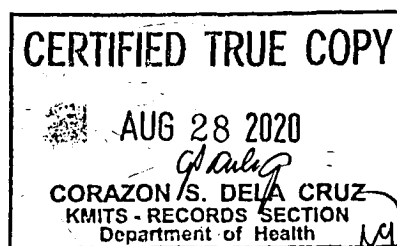
RULE XI PROHIBITED ACTS AND PENALTIES

Section 1. *Prohibited Acts.* - The following shall be prohibited under this IRR:

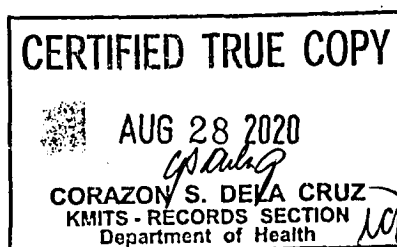
- a.) Unauthorized disclosure of private and confidential information pertaining to a patient's medical condition or to any advice or treatment given to a patient considered privileged communication in accordance with existing laws, rules and regulations.

Consistent with the Data Privacy Act of 2012, the reporting of information to public health authorities by the persons or entities mandated to notify under Rule VI of this IRR shall not be considered a violation of this provision. Relevant issuances as may be promulgated by the DOH and other relevant agencies in coordination with the National Privacy Commission shall be applicable. Neither shall the disclosure of private and confidential information upon order issued by a court of competent jurisdiction be considered a violation thereof.

- b.) Tampering of records relating to notifiable diseases or health events of public health concern, which includes identification documents or passes and other similar documents for the movement of cargoes and passage of persons, official medical test results or medical certificates, or such other documents and records issued by public health authorities in connection therewith.
- c.) Intentionally providing misinformation by:
 - i. Deliberately providing false or misleading information/details in the required official forms such as but not limited to the CIF, CRF, or Events-Based Surveillance Form; or
 - ii. Creating, perpetrating, or spreading false information about the notifiable disease or health event of public health concern in any form of media, such as information having no valid or beneficial effect on the population, and are clearly geared to promote chaos, panic, anarchy, fear, or confusion.



- d.) Non-operation of the disease surveillance and response systems by responsible persons or entities mentioned under this IRR shall be considered a violation of this provision.
- e.) Non-cooperation of persons and entities that should report notifiable diseases or health events of public concern, which can be any of the following acts:
- i. Failure of persons and entities mentioned in Rule VI, Section 2 of this IRR to comply with mandatory reporting of notifiable diseases or health events of public concern; or
 - ii. Failure of persons and entities mentioned in Rule VI, Section 2 of this IRR to grant public health authorities timely access to information of persons infected with or suspected of having notifiable disease or health events of public health concern.
- f.) Non-cooperation of persons and entities that should respond to notifiable diseases or health events of public concern, which can be any of the following acts:
- i. Failure on the part of entities required to establish ESUs under Rule VII of this IRR to comply with the duty to establish the same;
 - ii. Failure on the part of entities identified under Rule X of this IRR to perform specific disease response activities listed therein;
 - iii. Failure to abide by minimum public health standards and/or non-pharmaceutical interventions as enforced by public health authorities pursuant to Rule X of this IRR; or
 - iv. Failure to abide by other disease response activities as enforced by public health authorities pursuant to Rule X of this IRR.
- g.) Non-cooperation of the person or entities identified as having the notifiable disease, which can be any of the following acts:
- i. Refusal of the person identified by a public health authority as suspect or probable case to submit for physical examination and/or provision of clinical samples as required for the investigation;
 - ii. Failure or refusal of the person or entity identified by a public health authority identified as suspect, probable or confirmed case to provide the required information necessary for disease surveillance or response, including for contact tracing activities;
 - iii. Failure to comply with a quarantine/ isolation order or directive duly issued by a public health authority;
 - iv. Violation of any terms or conditions of the quarantine or isolation order or directive issued by a public health authority; or
 - v. Knowingly or willfully infecting another with a contagious or communicable disease classified as notifiable or a health event of public health concern, or aids in the spreading of the same.



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h.) Non-cooperation of the person or entities affected by a notifiable disease or a health event of public health concern, which can be any of the following acts:

- i. Failure by close contacts to cooperate/submit to public health authorities doing contact tracing activities upon being notified of their status as such;
- ii. Violation of community quarantine or stay-at-home order or directive issued by public health authorities; or
- iii. Commission of the acts of discrimination against an individual on account of having a notifiable disease whether probable, suspect, or confirmed, whether undergoing treatment or recovered; on account of being a health worker (e.g. doctors, nurses, and other allied health workers) or being a personnel providing health and emergency frontline service.

Section 2. Inter-Agency Arrangement. - The DOH may coordinate with law enforcement agencies on the appropriate arrangement to implement the filing of the criminal charges against the erring persons or entities for violation of the Act and this IRR.

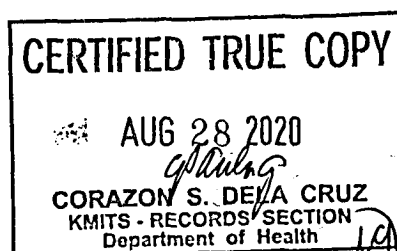
Section 3. Penalties. - Any person or entity found to have committed any of the prohibited acts referred to in Section 1 of this Rule shall be penalized with a fine of not less than Twenty Thousand Pesos (P20,000.00) but not more than Fifty Thousand Pesos (P50,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

If the offender is a foreign national, the case shall be referred to the Bureau of Immigration for the institution of summary deportation proceedings after service of sentence.

If the offender is a professional with a license issued by the Professional Regulation Commission, the case shall be referred to the said commission for the institution of appropriate proceeding to suspend or revoke the license to practice for any violation of the Act and this IRR.

If the offender is a civil servant, the case shall be referred to the Civil Service Commission for the institution of appropriate proceeding to suspend or revoke the civil service eligibility for violation of the Act and this IRR.

If the offense is committed by a public or private health facility, institution, agency, corporation, school, or other juridical entity duly organized in accordance with law, the chief executive officer, president, general manager, or such other officer in charge shall be held liable. In addition, the business permit and license to operate of the concerned facility, institution, agency, corporation, school, or legal entity shall be cancelled.



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RULE XII FINAL PROVISIONS

Section 1. *Appropriations.* - The amount needed for the initial implementation of this IRR shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this IRR shall be included in the annual General Appropriations Act.

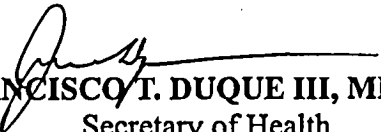
Section 2. *Construction and Interpretation.* - These rules shall be given a liberal construction in favor of measures instituted by public health authorities in the exercise of the statutory and regulatory authority vested by the Act and this IRR to protect public health.

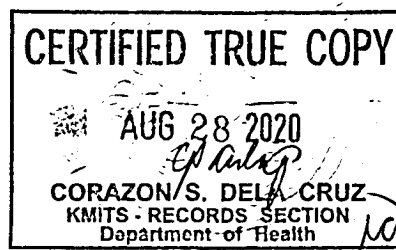
Section 3. *Separability Clause.* - If any part, section or provision of this IRR is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

Section 4. *Repealing Clause.* - The Implementing Rules and Regulations of Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern" issued by the DOH on 23 March 2020 is hereby repealed. All orders, issuances, and rules and regulations or parts thereof inconsistent with the provisions of this IRR are hereby repealed or modified accordingly.

Section 5. *Effectivity.* - This IRR shall take effect immediately upon its publication in the Official Gazette or in a newspaper of general circulation. Let copies of this IRR be submitted to the Office of the National Administrative Register of the University of the Philippines Law Center.

Approved:


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

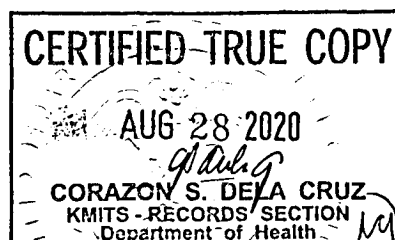


The 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act

LIST OF ANNEXES

(online link: <http://bit.ly/RA11332annexes>)

- Annex "A" - DOH Administrative Order No. 2019-0060 or the Guidelines on the Implementation of the National Health Facility Registry
- Annex "B" - Case Investigation Forms
- Annex "C" - Case Report Forms
- Annex "D" - Event-based Surveillance Forms
- Annex "E" - Minimum Public Health Standards or Non-Pharmaceutical Interventions Required of Communities and the General Public



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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 20 2019

ADMINISTRATIVE ORDER
No. 2019 – 0060

SUBJECT: Guidelines on the Implementation of the National Health Facility Registry

I. RATIONALE

The Universal Health Care (UHC) Act (RA 11223) states that every Filipino shall be granted immediate eligibility and access to care through a registered network of health care providers known as Health Care Provider Network (HCPN). To achieve this end, quality data from all health facilities must be submitted and exchanged within the HCPN in a timely and efficient manner. This is further emphasized in the FOURmula One (F1) Plus for Health which states the importance of quality data and use of evidence for health policy development, program planning and implementation.

The cornerstone to implement these is the Philippine eHealth Strategic Framework 2014-2020 which specifies the Philippine Health Information Exchange (PHIE) as the infrastructure for sharing of health information among participating health care providers in the treatment and care of patients. The creation of the National Health Facility Registry (NHFR) aims to provide a master facility list that sets attributes to uniquely identify both private and public facilities and their corresponding service capability that will enable this exchange across information systems in the health sector.

Leveraging the NHFR to facilitate linking and exchange of data, such as PHIE, will produce comparable facility data sets useful for health facility operations such as supply chain, human resource management including disease reporting to unify multiple surveillance systems and tracking of patients. A functional facility registry is one that is updated regularly through standard guidelines, is accessible to public and private stakeholders, meet the data needs of consumers, and is housed in a software solution that facilitates data curation, update, and archiving of no longer valid data.

In view of this, guidelines on the NHFR implementation has been developed to address proliferation of health facility lists with different naming conventions and coding and address problems in sharing, exchange, and consolidation of data in health facilities.

II. OBJECTIVES

This Order aims to institutionalize the NHFR as the official national reference of all health facilities in the Philippines and mandates the use of NHFR in all health facilities and all their corresponding information systems.

The specific objectives of this Order are to:

1. Provide clear operational guidelines for a sustainable, reliable, and credible registry system;
2. Ensure compliance of health stakeholders with the directives and guidelines of updating health facility data; and
3. Establish NHFR as an up-to-date, participatory, and easily accessible reference directory for the HCPN.

III. SCOPE AND COVERAGE

These guidelines shall apply to all public and private health facilities in the Philippines licensed and registered by the Department of Health, including health facilities to be constructed/under construction.

IV. DEFINITION OF TERMS

For the purposes of this Order, the succeeding terms and acronyms shall be defined as follows:

1. **Health facility** – an institution that has health care as its core service, function or business. Health care pertains to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation and chronic management of disease, illness, injury and other physical and mental ailments or impairments of human beings. *(See Annex A for list of facilities and their definition)*
2. **National Health Data Dictionary** – reference on data definitions and information standards relevant to the health sector; provides a common language for the various agencies and governments involved in health services
3. **National Health Facility Registry (NHFR)** – the official and complete list of all health facilities in the country that has a unique identification code, complete and up-to-date georeferenced registry
4. **Spatial Data** – also known as geospatial data; it is the data or information that identifies the geographic location of features and boundaries on Earth
5. **Validate** – To check all existing content of the NHFR and ensure entries are complete and correct

V. GENERAL GUIDELINES

1. NHFR shall serve as the official and updated reference of all health facilities in the country.
 - a. All health facilities, especially those with License to Operate or Certificate of Accreditation, shall be reported and included in the NHFR. Health facilities include, but not limited to, Hospitals, Infirmaries, Rural Health Units, City Health Centers, Barangay Health Stations, Birthing Homes, Drug Abuse Treatment and Rehabilitation Centers, Diagnostic/Therapeutic Facilities, Medical Facilities for Overseas Workers and Seafarers, Water Testing Facilities, Social Hygiene Clinics, Psychiatric Care Facilities, School Clinics, Kidney Transplant Facilities, Blood Service Facilities,

Clinical Laboratories, Dental Clinics, Dialysis Clinics, and HIV Testing Centers

- b. The public can access and download the updated list of health facilities through the official NHFR website – nhfr.doh.gov.ph
 - c. NHFR shall be available, accessible and downloadable twenty-four (24) hours a day and seven (7) days a week except during regular maintenance and technical downtimes.
 - d. NHFR database shall be validated and updated every March by the Department of Health through the Knowledge Management and Information Technology Service (KMITS)
2. NHFR shall follow eHealth standards.
- a. NHFR shall use terminologies consistent with the National Health Data Dictionary.
 - b. Spatial data collection procedure shall conform to the Geographic Data Collection Protocols of the Department of Health posted at DOH website with the link: www.doh.gov.ph/gps-protocols and attached as an annex in the NHFR Manual.
 - c. NHFR data shall at all times be kept secured and protected.
 - d. It shall follow a standard documentation for monitoring updates.
3. All health facilities shall display their NHFR code in a metal plate (Annex B).

VI. SPECIFIC GUIDELINES

1. Inputting data into the NHFR
 - a. Only the Department of Health through the Knowledge Management and Information Technology Service (KMITS), Centers for Health Development (CHD) Regulation, Licensing and Enforcement Division (RLED) and Provincial DOH Office (PDOHO) Development Management Officers (DMO) shall input and edit data in the NHFR.
 - b. NHFR user accounts shall be created: One (1) for the RLED unit of the CHD, one (1) for the Information and Communications Technology (ICT) unit of the CHD, and one (1) for each PDOHO DMO. For user account application and management, refer to the NHFR Manual of Operations or at nhfr.doh.gov.ph/manual.
 - c. The PDOHO DMOs shall use the NHFR Data Collection Form (Annex C) to collect updated information from Barangay Health Stations (BHS) and Rural Health Units (RHU).
2. Updating the NHFR
 - a. The PDOHO DMOs shall update the data of BHSs and RHUs and the central and regional licensing officers shall update the data of all licensed health facilities of DOH.
 - b. The CHD Health Facility Development Unit (HFDU) shall coordinate with the PDOHO DMOs and CHD RLED and inform them of the necessary updates that must be reflected in their regions' list of health facilities in the NHFR. In coordination with the Provincial Health Office, the HFDU shall liaise for data quality and oversight.

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- c. The PDOHO DMOs, central and regional licensing officers together with KMITs shall check the validity of the information in the NHFR every first quarter of the year.
- 3. Monitoring and reporting
 - a. KMITs shall create status reports of NHFR updates which shall be disseminated to the CHDs.
 - b. NHFR shall conform to a vetted monitoring and evaluation framework to guide impact and use. (Annex D)

VII. ROLES AND RESPONSIBILITIES

1. Knowledge Management and Information Technology Service (KMITs) shall:

- a. Oversee and manage operational activities regarding NHFR forming a technical working group who will update policies and plans on NHFR;
- b. Lead consultative and advisory activities with regard to the conceptual and regulatory aspects of the registry;
- c. Review and approve the updated attribute data submitted by NHFR users
- d. Provide technical assistance/training to build capacity in using the system;
- e. Resolve issues, concerns and problems on the development, utilization, and implementation of the system;
- f. Implement NHFR monitoring and evaluation mechanisms to improve data quality and use including documenting and reporting of users' feedback and recommended improvements in the system;

2. Centers for Health Development (CHD) shall:

- a. Request from KMITs, unique NHFR codes for newly licensed, registered or about to be constructed health facilities.
- b. Update new attributes of all health facilities already captured in the NHFR;
Note: Refer to the NHFR Manual of Operations for the personnel responsible and step-by-step guide for the updating process
- c. Provide technical assistance to NHFR users in their respective region;
- d. Assist KMITs in conducting capacity building activities;
- e. Report issues, concerns and problems encountered while using NHFR; and
- f. Recommend prospective improvements of the system
- g. Include NHFR facility codes when identifying health facilities in all their activities (i.e. data collection, reports list, etc.)

3. All Health Facilities shall:

- a. Ensure that their health facility is registered in NHFR;
- b. Report changes in health facility attributes to DMOs;
- c. Require electronic medical record system developer or service provider to use NHFR Facility Code, if using a non-DOH certified electronic medical record system;
- d. Display NHFR metal plates prominently in health facilities; and

4. Other Government Agencies (GA), Non-government Agencies (NGA), Government-owned and Controlled Corporations (GOCC), private sector, and Local Government Units (LGU) shall:

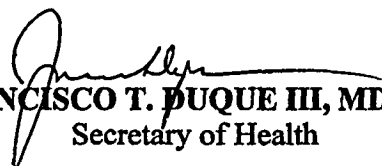
- a. Include NHFR facility codes when identifying health facilities in all their activities (i.e. data collection, reports list, etc.) in coordination with DOH.

VIII. REPEALING CLAUSE

All Orders, rules, regulations, and other related issuances inconsistent with or contrary to this Order are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. EFFECTIVITY

This Order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

ANNEX A - HEALTH FACILITIES DICTIONARY

Health facilities primarily offer direct health service delivery while health offices provide other services to support and/ or facilitate the administration and management of health care services. At times, these functions are integrated within a single institution and proper identification of function is necessary to avoid multiplicity of considering the total count of health facilities.

1. **HEALTH FACILITY** - an institution that has health care as its core service, function or business. Health care pertains to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation and chronic management of disease, illness, injury and other physical and mental ailments or impairments of human beings.
2. **HEALTH OFFICE** - a barangay, municipal, city, province, regional government and private offices that do not provide direct health services or with health services not defined as their core service, function or business. These include administrative and management offices of municipal, city, provincial and regional health units. *Ex. Municipal Health Office, City Health Office, Provincial Health Office, Regional Health Office, research offices, etc.*

Ownership of health facilities can be divided into:

1. **Government** – a health facility created by law. A government facility may be under the National Government, DOH, Local Government Unit (LGU), Department of National Defense (DND), Philippine National Police (PNP), Department of Justice, State Universities and Colleges (SUCs), Government Owned and Controlled Corporations (GOCC) and others. *(A.O. No. 2012-0012)*
2. **Private** – a health facility owned, established and operated with funds through donation, principal, investment or other means by an individual, corporation, organization. A private health facility may be a single proprietorship, partnership, corporation, cooperative, foundation, religious, non-government organization and others. *(A.O. No. 2012-0012)*

HEALTH FACILITIES - DEFINITIONS AND FUNCTIONS: *(in alphabetical order)*

1. **AMBULATORY SURGICAL CLINIC** - a health facility which is primarily organized, constructed, renovated or otherwise established for the purpose of providing elective surgical treatment of outpatients whose recovery, under normal and routine circumstances, will not require inpatient care. *(A.O. No. 183 s. 2004, A.O. No. 24 s. 1994)*
2. **BARANGAY HEALTH STATION (BHS)** - a government primary health facility that provides primary care services at the barangay level; is focused on preventive and promotive population-based health services, assists in patient navigation as a satellite health facility of

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the Rural Health Unit (RHU) and Urban Health Unit (UHU); and follows the standards set by the DOH. The BHS is equivalent to the Barangay Health Center of the Local Government Code of 1991. The term health center is sometimes used by communities to refer to these facilities; *see related Rural Health Unit/ Urban Health Unit*

3. **BIRTHING HOME** - a short-stay, non-hospital based health facility that provides maternity services including prenatal and postnatal care, normal spontaneous delivery and care of newborn babies to low-risk mothers and babies.
4. **BLOOD SERVICE FACILITY (BSF)** – a unit, agency or institution providing blood products. The types of BSF are Blood Station (BS), Blood Collecting Unit (BCU), Hospital Blood Bank (BB), and are Blood Center (BC) (Regional, Sub-National and National). (*A.O. No.2008-008*)
5. **CLINICAL LABORATORY** - a health facility where tests are done on specimens from the human body to obtain information about the health status of a patient for the prevention, diagnosis and treatment of diseases. The tests include, but are not limited to, the following disciplines: clinical chemistry, hematology, immunohematology, molecular biology and cytogenetics. The total testing process includes pre-analytical, analytical and post analytical procedures. (*R.A. No. 4688, A.O. No. 2007-0027*)
 - a) **General Clinical Laboratory** – provides the following minimum service capabilities such as, but not limited to, routine hematology, qualitative platelet determination, routine urinalysis, routine fecalysis, blood typing, etc.
 - b) **Specialized Clinical Laboratory** – offers highly specialized laboratory services that are not provided by a general clinical laboratory.
6. **CUSTODIAL CARE FACILITY** – a health facility that provides long term care, including basic human services like food, shelter to patients with chronic or mental illness, patients in need of rehabilitation owing substance abuse, people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living. (*A.O. No. 2012-0012*)
7. **DENTAL CLINIC** – a section or clinic in a hospital or non-hospital based facility with standard dental equipment, instruments and supplies plus all the anesthetic and sterilization apparatus that provides basic and/or expanded outpatient services for oral health education, oral examination, fluoride application, oral prophylaxis, tooth filling, tooth extraction, root canal, minor surgeries. May also offer specialized dentistry service such as orthodontic treatment, cosmetic dentistry, prosthodontic dentistry and diagnostic dental services.
8. **DIAGNOSTIC FACILITY** – a type of health facility that examines the human body or specimens from human body (except laboratory for drinking water analysis) for the diagnosis, sometimes treatment of diseases. The test covers the pre-analytical, analytical and post

analytical phases of examination. (*A.O. No. 2012-0012*) Examples: *Clinical Laboratory, Drug Testing Facility, Radiologic Facility, HIV Testing Center, Water Testing Facility*

9. DIALYSIS CLINIC - a health facility where a cleansing process using dialyzing equipment (artificial kidney) and appropriately recognized procedures is performed. (*A.O. No. 2012-0001*)

10. DRUG ABUSE TREATMENT AND REHABILITATION CENTERS – a health facility that provides comprehensive patient drug treatment and rehabilitation services which ranges within a spectrum of medical and psychological management. This is further classified into:

- a. *Non-residential Treatment and Rehabilitation Center / Outpatient Center* – a health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in center, recovery clinic, or any other facility with consultation and counseling as the main services provided, or may be an aftercare service facility. Patients diagnosed with moderate substance use disorder are oftentimes referred to this center.
- b. *Residential Treatment and Rehabilitation Center / Inpatient Center* – a health facility that provides comprehensive and rehabilitation services utilizing any of the accepted modalities as described in the Manual of Operations towards the rehabilitation of a person with substance use disorder in an inpatient basis. Patients diagnosed with severe substance use disorder are often times admitted to this center.
- c. *Residential Treatment and Rehabilitation Center with Outpatient Service Capability* – a health facility that provides both outpatient and inpatient service.

11. DRUG TESTING FACILITY - a health facility that is capable of testing a specimen to determine the presence of dangerous drugs therein.

- a. **SCREENING LABORATORY** – a laboratory capable of drug screening test to eliminate negative specimen from further consideration and to identify the presumptively positive specimen.
- b. **CONFIRMATORY LABORATORY** – a laboratory that performs qualitative and quantitative examination of a specimen independent from that of a drug screening test.

12. GENERAL HOSPITAL - a type of hospital that provides services for all kinds of illnesses, disease, injuries or deformities. A general hospital shall provide medical and surgical care to the sick and injured, maternity, newborn and child-care. It shall be equipped with the service capabilities needed to support board certified/eligible medical specialist and other licensed physicians rendering services in, but not limited to Clinical Services (Family Medicine; Pediatrics; Internal Medicine; Obstetric and Gynecology; Surgery), Emergency Services, Out Patient Services, Ancillary and Support Services such as clinical laboratory, imaging facility and Pharmacy. (*A.O. No. 2012-0012*); see related *Hospital and Specialty Hospital*

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a. Service capability of general hospitals are the following:

1. **Level 1 Hospital** - Non-departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality with clinical services that include general medicine, pediatrics, obstetrics and gynecology, surgery and anesthesia. Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy) and provides nursing care for patients who require intermediate, moderate and partial category of supervised care for 24 hours or longer. (*A.O. No. 2012-0012*)
 2. **Level 2 Hospital** - Departmentalized hospital that provides clinical care and management on the prevalent diseases in the locality, as well as particular forms of treatment, surgical procedures and intensive care. Same clinical services provided in Level 1 Hospital, as well as specialty clinical care. Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy), gives total nursing and intensive skilled care. (*A.O. No. 2012-0012*)
 3. **Level 3 Hospital** - Teaching and training hospital that provides clinical care and management on the prevalent diseases in the locality, as well as specialized and sub specialized forms of treatment, surgical procedure and intensive care. Same clinical services provided in Level 2 Hospital, as well as sub-specialty clinical care. Provides appropriate administrative and ancillary services (clinical laboratory, radiology, pharmacy), nursing care and continuous and highly specialized critical care. (*A.O. No. 2012-0012*)
13. **HALFWAY HOUSE** – a community-based, short term, housing facility for those in recovery from physical, mental, and emotional disabilities, including those suffering from mild to moderate drug & alcohol dependence, with a structured environment and crucial support in reintegrating into society.
14. **HIV TESTING CENTER** – a health facility credited by the Health Facilities and Services Regulatory Bureau (HFSRB), capable of performing HIV Testing by medical technologists that have undergone the training on HIV Testing Proficiency. (*A.O. No. 2014 – 0005*)
15. **HOSPICE** – a health facility that provides hospice care defined as a component of palliative care of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, otherwise known as end-of-life care that consists of medical, psychological, spiritual and practical support or patients unable to perform self-care and with declining conditions despite definitive treatment and other disease modifying interventions. (*IRR of R.A. No. 11215*)
16. **HOSPITAL** - a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from illness, disease, injury or deformity, or in need of obstetrical or other medical and nursing care. The term 'hospital shall also be construed as any institution, building or place where there are installed beds, or cribs, or

bassinets for twenty-four-hour use or longer by patients in the treatment of diseases, diseased-conditions, injuries, deformities, or abnormal physical and mental states, maternity cases, and all institutions such as those for convalescence, sanatoria or sanitaria care, infirmities, nurseries, dispensaries and such other names by which they may designated. (*R.A. No. 4226*); *see related General Hospital and Specialty Hospital*

17. **HUMAN STEM CELL (CELLULAR THERAPY FACILITY)** – a facility that may act as an entity providing the service of cellular therapy product collection and a location where cellular therapy product processing activities are performed in support of its clinical program. The facility may also serve as the storage area for cellular therapy product for future processing, distribution or administration. (*A.O. No. 2013-0012*)
18. **INFIRMARY** – a health facility that provides emergency treatment and care to the sick and injured, as well as clinical care and management to mothers and newborn babies. It provides basic, non-complex inpatient, diagnostic, and treatment services usually by general practitioners. The need for infirmaries is decided according to the local context. (*R.A. 4226, A.O. No. 2012-0012*)
19. **IN-VITRO FERTILIZATION CENTER** – a health facility that performs in-vitro fertilization and other health related services that has passed accreditation of the DOH.
20. **MEDICAL FACILITIES FOR OVERSEAS WORKERS AND SEAFARERS** – a health facility that conducts Pre-Employment Medical Examination (PEME). It refers to a complete medical examination during screening to determine physical and mental fitness to work for overseas workers and seafarers for inter-island/overseas employment. (*A.O. No. 101 - 2004*)
21. **MEDICAL OUTPATIENT CLINIC** - a health facility that provides ambulatory general or specialized outpatient care to patients with injuries or infirmity requiring the range of non-urgent to immediate care, commonly addressing minor and non-life threatening illnesses and injuries. *Examples: Family Planning Clinic, HIV Clinic, Social Hygiene Clinic, School Clinic, Office Clinic*
22. **MENTAL HEALTH FACILITY**– refers to any establishment, or any unit of an establishment, which has, as its primary function the provision of mental health services. (*R.A. No. 11036*)
23. **MOBILE HEALTH SERVICE** – a mobile motorized resource with ability to transport, transfer, carry and provide health services. These mobile resources are housed and offered as a service of a “mother” health facility or health office. *Ex. Ambulance, Mobile clinic, Mobile dental van, Mobile x-ray*
24. **NATIONAL REFERENCE LABORATORY** - the highest level of laboratory in the country, mandated to provide laboratory confirmatory services, provide training, perform surveillance, do outbreak response, provide External Quality Assurance, perform kit evaluation, and do research. NRL may have designated Sub-National Laboratories (SNL).

- 25. NEWBORN HEARING SCREENING REFERENCE CENTER** - shall refer to the central facility at the National Institutes of Health (NIH) that defines testing and follow-up protocols, maintains an external laboratory proficiency testing program, oversees the national testing database and case registries, assists in training activities in all aspects of the program, and oversees content of educational materials. (*R.A. No. 9709*)
- 26. NEWBORN SCREENING REFERENCE CENTER** - central facility at the National Institutes of Health, Philippines (NIHP) that defines testing and follow up protocols, maintains an external laboratory proficiency testing program, oversee the national testing database and case registries, assist in training activities in all aspects of the New Born Screening (NBS) program, oversee content of educational materials, recommends establishment of New Born Screening Centers (NSCs) and act as the Secretariat of the Advisory Committee on Newborn Screening. (*IRR of R.A. No. 9288*)
- 27. NUCLEAR MEDICINE FACILITY** - a health facility, presently regulated by Philippine Nuclear Research Institute (PNRI), embracing all applications of radioactive, materials in diagnosis, treatment or in medical research, with the exception of the uses of sealed radiation sources in radiotherapy. (*A.O. No. 2012-0012*)
- 28. NURSING HOME** - a residential facility providing a high level of long-term custodial, personal or nursing care for persons such as the aged or the chronically ill. The facility may also provide palliative and/or hospice care at end of life.
- 29. OFFICE CLINIC** – a medical outpatient clinic inside a professional work or employment environment that provides primary care services including treatment of minor ailments, immediate management of emergency cases, health education, health promotion and referral to an appropriate facility; *see related Medical Outpatient Clinic*
- 30. OUTPATIENT DRUG TREATMENT FACILITY** - a community-based drug recovery facility which adheres to a specific integrated model of treatment for people affected by drug use. It provides a continuum of care from outreach and low threshold services and involves the coordination of a number of health, social and other non-specialist services needed to meet the patient's needs. An Outpatient Drug Treatment Facility within a Drug Abuse Treatment and Rehabilitation Center (DATRC) or Hospital is recognized as its service or unit and not as a separate facility.
- 31. PHARMACEUTICAL OUTLET** – refer to entities licensed by appropriate government agencies, and which are involved in compounding and/or dispensing and selling of pharmaceutical products directly to patient or end-users. (*R.A. No. 10918*)
- 32. PHYSICAL THERAPY AND REHABILITATION FACILITY** – a health facility concerned with the maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders, or pain to enable people to achieve their maximum functional

abilities. It involves the diagnosis, evaluation and management of people of all ages with physical and/or cognitive impairment and disability. (A.O. No. 2012-0012)

33. **POLYCLINIC** - a health facility which is a combination of three (3) or more medical outpatient clinics that provides general and/or specialist examination and treatment to patients and offers diagnostic laboratory and imaging services.
34. **PRIMARY CARE FACILITY** – a type of health facility that provides population and individual based-health services that accessible, continuous, comprehensive and coordinated care that is accessible at the time of need, including a range of services for all presenting conditions. It also serves as the initial point of contact for individual based services, through its ability to navigate and coordinate referrals to other health care providers in the health care delivery system, when necessary. Examples of Primary Care Facilities are Urban Health Centers in cities, Rural Health Unit, and health stations.
35. **QUARANTINE CLINIC** - a designated health facility for referral of suspect/s or probable case/s of public health emergency of international concern where people who have been exposed to an illness, usually an infection, but are not ill or have not yet shown any sign of the illness are restricted to. (IRR of R.A. No. 9271)
36. **RADIOLOGIC FACILITY** – a health facility concerned with the use of imaging techniques in the study, diagnosis and x-ray guided treatment of disease. This includes the use of x-rays in general radiography and fluoroscopy, interventional radiology, lithotripsy, computed tomography, mammography, bone densitometry, and tumor localization and simulation.
37. **RECOVERY CLINIC** — a non-residential treatment facility where specialized consultations, evaluations and treatment may be provided for those recovering from drug use.
38. **RURAL HEALTH UNIT/ URBAN HEALTH UNIT (RHU/UHU)** - a government primary health facility that serves as first contact of primary care services in the municipality or city delivering health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and management & treatment of acute and chronic illnesses and referrals. It ensures a follow-through course of treatment of a person as whole and provides both population-and individual-based health services. It provides leadership in patient navigation and coordination in a network and follows the standards set by the DOH. The RHU/ UHU is equivalent to the Municipal or City Health Center of the Local Government Code of 1991. The term health center is sometimes used by communities to refer to these facilities; *see related Barangay Health Station*
39. **SANITARIUM** - is an institution established to make available hospital services specifically for Hansenites (Hansen Disease). The sanatoria serves as the referral center for the management of complications, patient and family counseling and community education for leprosy and also for the integration of its Multi Drug Therapy (MDT) treatment. (A.O. No. 2005-2013)
40. **SCHOOL CLINIC** - a medical outpatient clinic inside school, college or university premises that provides primary care services including but not limited to oral care, health education,

health promotion, treatment of minor ailments, immediate management of emergency cases and referral to an appropriate facility, following the standards set by the DOH; *see related Medical Outpatient Clinic*

41. SPECIALTY HOSPITAL - a hospital that specializes in a particular disease or condition or in one type of patient. A specialized hospital may be devoted to treatment of any the following: (A.O. No. 2012-0012); *see related Hospital and General Hospital*

- a. Treatment of a particular type of illness or for a particular condition requiring a range of treatment.

Example of these hospitals are Philippine Orthopedic Center, National Center for Mental Health, San Lazaro Hospital

- b. Treatment of patients suffering from diseases of a particular organ or groups of organs.

Example of these hospitals are Lung Center of the Philippines, Philippine Heart Center, National Kidney and Transplant Institute

- c. Treatment of patients belonging to a particular group such as children, women, elderly and others.

Examples of these hospitals are Philippine Children's Medical Center, National Children's Hospital, Dr. Jose Fabella Memorial Hospital

42. SPECIALIZED HEALTH FACILITY – a type of health facility that provides highly specialized care addressing particular conditions and/ or providing specific procedures and management of cases requiring specialized training and/ or equipment. Specialized health facilities within hospitals are recognized as a service/ unit and not as a separate stand-alone facility. *Examples: Dialysis Centers, Mental Health Facilities, Ambulatory Surgical Clinics, Drug Abuse Treatment and Rehabilitation Centers*

43. TRADITIONAL AND COMPLEMENTARY MEDICINE CLINIC – a health facility that provides a broad set of health care practices that are not integrated into the dominant health care system. Examples are, but not limited to the following services: acupuncture, chiropractic, naturopathy, etc. (PITAHC ORDER 2018 – 109)

44. TRANSITIONAL CARE FACILITY – a type of health facility that oversees the continuity of care during the course of chronic or acute illness. The transitional care facilities also encompass both the sending and receiving aspects of transfers including, but not limited to, logistical arrangements, patient and family health education and coordination among health professionals involved in the transition. *Examples: Nursing Home, Hospice, Infirmary, Halfway House*

45. WATER TESTING FACILITY – a facility that performs either bacteriological, biological, physical, chemical and radiological analysis, or a combination of any of these methods to determine the potability and safety of water. (A.O. No. 2006 – 0024)

Prepared By:

Health System Development and Management Support Division (HSDMSD)
Health Facility Development Bureau (HFDB)
Department of Health

References for the Health Facilities Dictionary:

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Republic Act No. 9271 entitled "An Act Strengthening The Regulatory Capacity Of The Department Of Health In Quarantine And International Health Surveillance, Repealing For The Purpose Republic Act No. 123 Of 1947, As Amended"

Republic Act 9709 entitled "An act establishing a Universal Newborn Hearing Screening Program for the Prevention, Early Diagnosis and Intervention of Hearing Loss"

Republic Act 10918 (IRR) entitled "An Act Regulating and Modernizing the Practice of Pharmacy in the Philippines, Repealing For the Purpose Republic Act Numbered Five Thousand Nine Hundred Twenty-One (R.A. 5921), Otherwise Known As the Pharmacy Law"

Republic Act No. 10354 entitled "An Act Providing For A National Policy On Responsible Parenthood And Reproductive Health"

Republic Act No. 10918 entitled "An Act Regulating and Modernizing the Practice of Pharmacy in the Philippines, Repealing for the Purpose Republic Act Numbered Five Thousand Nine Hundred Twenty-One (R.A. No. 5921), Otherwise Known as the Pharmacy Law"

Rules and Regulations (IRR) of Republic Act No. 11215 otherwise known as the National Integrated Cancer Control Act (NICCA).


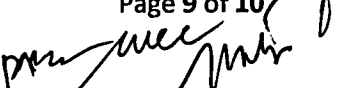
Administrative Order No. 2004 - 083 entitled "Rules and Regulations Governing the Licensure and Regulation of Ambulatory Surgical Clinics"

Administrative Order No. 2004 -147 entitled "Amending Administrative Order No. 70-A, series 2002 re: Revised Rules and Regulations Governing the Registration, Licensure, and Operations of Hospitals And Other Health Facilities in the Philippines"

Administrative Order No. 2004 - 181 entitled "Rules and Regulations Governing Accreditation of Medical Facilities for Overseas Workers and Seafarers"

Administrative Order No. 2005 – 0013 entitled "Revised Roles and Responsibilities of the Eight (8) Sanitaria Hospitals

Administrative Order 2006 – 0024 entitled "Rules and Regulations Governing the Accreditation of Laboratories for Drinking Water Analysis"


Page 9 of 10


Administrative Order No. 2008 – 0027 entitled “Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines”

Administrative Order No. 2008 - 008 entitled “Rules and Regulations Governing the Regulation of Blood Service Facilities”

Administrative Order No. 2008 – 0010 entitled “Revised Rules and Regulations Governing the Registration and Licensure of Dental Laboratories in the Philippines”

Administrative Order No. 2012 – 0001 entitled “New Rules and Regulations Governing the Licensure and Regulation of Dialysis Facilities in the Philippines

Administrative Order No. 2012 - 0012 entitled “Rules and Regulations Governing the New Classifications of Hospitals and Other Health Facilities in the Philippines”

Administrative Order No. 2013 – 0012 entitled “Rules and Regulations Governing the Accreditation of Health Facilities Engaging in Human Stem Cell and Cell-Based or Cellular Therapies in the Philippines”

Administrative Order No. 2014 – 0005 entitled “Revised Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control”

Administrative Order No. 2014 - 0012 entitled “New Guidelines On The Management Of Rabies Exposures: To Provide New Policy Guidelines And Procedure To Ensure An Effective And Efficient Management For Eventual Reduction If Not Elimination Of Human Rabies”

Administrative Order No. 2014 – 0034 entitled “Rules and Regulations on the Licensing of Establishments Engaged in the Manufacture, Conduct of Clinical Trial, Distribution, Importation, Exportation and Retailing of Drug Products and Issues of Other Related Authorizations”

Administrative Order 2018 -0014 entitled “Revised Guideline in the Implementation of the One-Stop Shop Licensing System”

Dangerous Drug Boards Regulation No. 4 s. 2003 entitled “Implementing Rules and Regulations Governing Accreditation of Drug Abuse Treatment and Rehabilitation Centers and Accreditation of Center Personnel”

PITAHC Order No. 2018 – 109 entitled “Guidelines on the Management of Research Programs/Projects on Traditional Medicine and Complementary Medicine (TM/CM)”

M Sanford, Angela & Orrell, Martin & Tolson, Debbie & Abbatecola, Angela & Arai, Hidenori & Bauer, Juergen & J Cruz-Jentoft, Alfonso & Dong, Birong & Ga, Hyuk & Goel, Ashish & Hajjar, Ramzi & Holmerova, Iva & R Katz, Paul & Koopmans, Raymond & Rolland, Yves & Visvanathan, Renuka & Woo, Jean & Morley, John & Vellas, Bruno. (2015). An International Definition for “Nursing Home”. Journal of the American Medical Directors Association. 16. 181-4. 10.1016/j.jamda.2014.12.013.

Annex B. National Health Facility Registry Template

Specifications for NHFR Metal Plate:

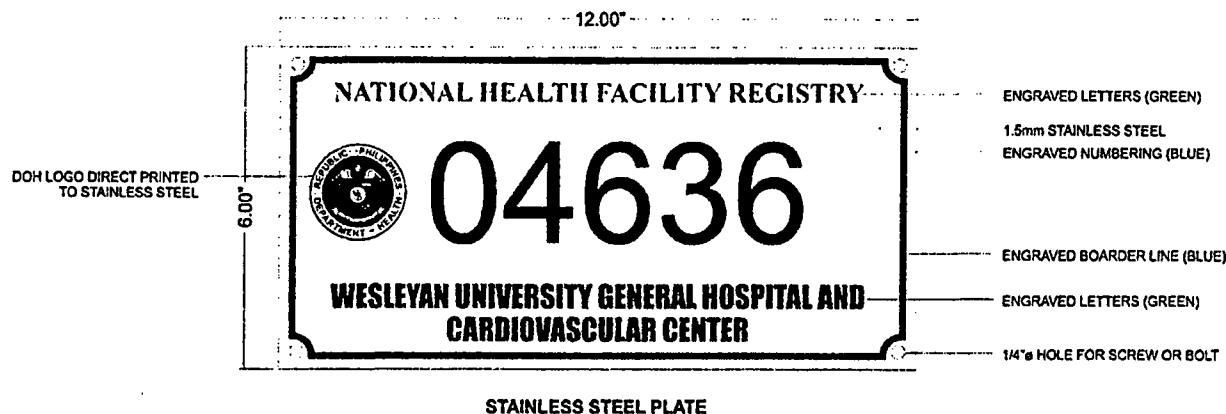


Figure 1. NHFR Metal Plate specifications

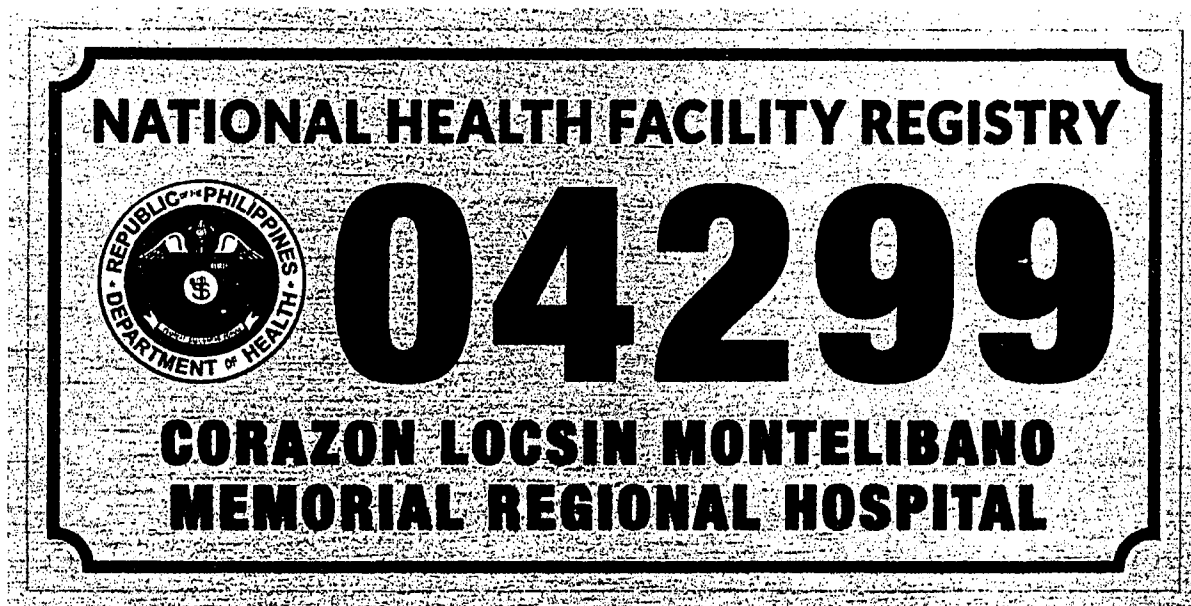


Figure 2. Sample NHFR Metal Plate

Guidelines for Display of NHFR in Health Facility

1. Ensure that the metal plate is prominently displayed at the lobby, entrance, or reception counter of the health facility at all times.
2. Do not add any word, figure, mark, picture, design, drawings, advertisement or imprint of any nature on the metal plates.
3. Do not alter the content of the plate without prior notice to DOH. Any changes in the health facility information (Health Facility Name, Address, Contact Number, and Head of the Facility, etc.) shall be reported to the CHD.

Annex C. NHFR Collection Form

| | | |
|--|--|--|
| OFFICIAL HEALTH FACILITY NAME | | |
| NHFR Code (if available) | | |
| Old health facility name (if available) | | |
| Health facility type <i>(please check box provided)</i> Note: For licensed health facilities, please ATTACH photocopy of permit and license to operate | <input type="checkbox"/> RHU | <input type="checkbox"/> BHS |
| | For licensed facilities: | |
| | <input type="checkbox"/> Hospital Level _____ Bed capacity: _____ | <input type="checkbox"/> Infirmery Bed capacity: _____ |
| | <input type="checkbox"/> Birth Home Bed capacity: _____ | <input type="checkbox"/> DATRC Bed capacity: _____ |
| | <input type="checkbox"/> Others: | |
| | License validity: _____ Licensing status: _____ License number: _____ | |
| Ownership (please check box provided) | <input type="checkbox"/> Government | <input type="checkbox"/> Private |

ADDRESS:

| | |
|---------------------------------|--|
| Street name and number | |
| Building name and number | |
| Region | |
| Province | |
| Municipality | |
| Barangay | |
| Zip Code | |

CONTACT DETAILS:

| | |
|------------------------|--|
| Landline number | |
| Fax Number | |
| Mobile number | |
| Email Address | |

FACILITY HEAD:

| | |
|--------------------|--|
| First name | |
| Middle name | |

| | |
|-----------------------|--|
| Last name | |
| Position title | |

GEOGRAPHIC COORDINATES (in decimal degrees):

| | |
|--|---|
| Latitude (up to 6 decimal digits) | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Longitude (up to 6 decimal digits) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Method of geographic data collection (i.e. GPS device, Google Maps, Mobile phone, etc.) | |

RESPONDENT:

| | |
|-----------------------|--|
| Full name | |
| Position title | |
| Signature | |
| Mobile number | |
| E-mail address | |
| Date | |

NOTED BY (DMO/MHO):

| | |
|-----------------------|--|
| Full name | |
| Position title | |
| Signature | |
| E-mail address | |
| Date | |

For more information, email the NHFR administrator:

nhfr@doh.gov.ph

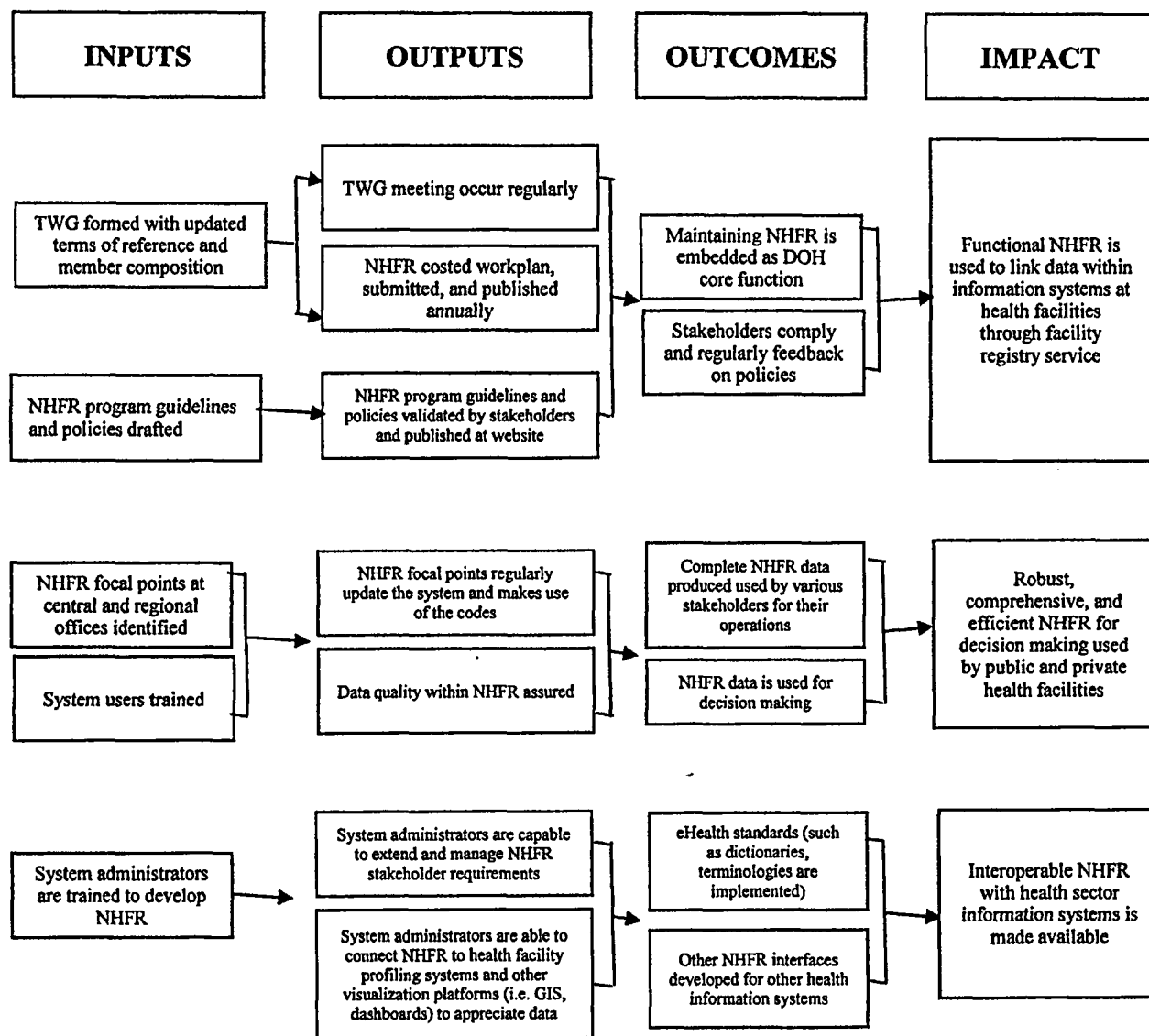
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Page 2 of 2 *j*

Annex D. NHFR Monitoring and Evaluation Framework



Esty

mt

pr *mcc*



Philippine Integrated Disease Surveillance and Response

Case Investigation Form
Rabies (ICD 10 Code:A82)



| | | | | | | | | | | | | |
|---|--|-----------------|---------------------|--|-------------------------|----|----|-----------------------|------|--|----|----|
| Name of DRU: Address: | | | | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/ Seaport | | | | | | | | |
| I. PATIENT INFORMATION: | | Patient Number: | Patient's Last Name | First Name | Middle Name | | | | | | | |
| Current Address: (Specify House/Lot #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) | | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | MM | DD | YY | Age: | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years | | |
| Permanent Address: (Specify House/Lot #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) | | | | | | | | | | | | |
| District: HCPN | | | | | | | | | | | | |
| Patient Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | Date Admitted/ Seen/ Consult | MM | DD | YY | Date Onset of Illness | | MM | DD | YY |
| Date of Report: | | MM | DD | YY | Name of reporter: | | | Contact Nos.: | | | | |
| Date of Investigation: | | MM | DD | YY | Name of investigator/s: | | | Contact Nos.: | | | | |

II. EXPOSURE HISTORY:

Type of exposure:

☐ bite ☐ scratch Affected site _____

☐ saliva ☐ consumed meat ☐ Unknown ☐ Other, specify _____

Date of exposure: _____ Place of exposure: _____

Category of Exposure:

☐ Feeding/touching an animal

☐ Licking of intact skin(with reliable history and thorough physical examination)

☐ Exposure to patient with signs and symptoms of rabies by sharing of eating or drinking utensils

☐ Casual contact (talking to, visiting and feeding suspected rabies cases) and routine delivery of health care to patient with signs and symptoms of rabies

☐ Nibbling of uncovered skin with or without bruising/hematoma

☐ Minor scratches/abrasions without bleeding

☐ Minor scratches/abrasions which are induced to bleed

☐ All Category II exposures on the head and neck area are considered Category III and should be managed as such

☐ Transdermal bites(puncture wounds,lacerations,avulsions) or scratches/abrasions with spontaneous bleeding

☐ Licks on broken skin or mucous membrane

☐ Exposure to a rabies patient through bites,contamination of mucous membranes(eyes,oral/nasal mucosa,genital/anal mucous membranes) or Open skin lesions with body fluids through splattering and mouth-to-mouth resuscitation.

☐ Unprotected handling of infected carcass or ingestion of raw infected meat

☐ All Category II exposures on head and neck area

Type of animal: ☐ dog ☐ cat ☐ bat ☐ Other, specify _____

Lab. diagnosis done? ☐ Yes ☐No ☐Unknown If Yes, result: _____

Animal status: ☐ domestic ☐ stray ☐ wild ☐ Other, specify _____

III. VACCINATION HISTORY:

| | | |
|---|---|--|
| Animal vaccination history: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown | Patient History: Wound cleaned?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Patient given RIG?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (RIG is Rabies Immunoglobulin) Patient given rabies vaccine?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Date vaccine started: _____ Brand Name of Vaccine: _____ Route of Administration: <input type="checkbox"/> IM <input type="checkbox"/> Intradermal Post exposure completed <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

con't at the back

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute a crime punishable under the Republic Act No. 4422.



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Rabies (ICD 10 Code:A82)



| IV. CLASSIFICATION AND OUTCOME: | |
|--|--|
| FINAL CLASSIFICATION | |
| <input type="checkbox"/> Suspect Case <input type="checkbox"/> Probable Case <input type="checkbox"/> Confirmed Case | Alive Died Date died: ____/____/____ |

Case Definition/Classification:

Suspect Case

A person presenting with an acute neurological syndrome (encephalitis) dominated by forms of hyperactivity (furious rabies) or paralytic syndrome (dumb rabies) that progresses towards coma and death, usually by respiratory failure, within 7-10 days after the first symptom if no intensive care is instituted or as diagnosed by attending physician.

Probable Case

Suspect case plus history of contact with suspected or laboratory-confirmed rabid animal.

Confirmed Case

A suspected case that is laboratory confirmed.

Laboratory Confirmation:

-Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem).

-Detection by FAT on skin biopsy (ante mortem).

-FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.

-Detectable rabies-neutralizing antibody titer in the serum or the CSF of an unvaccinated person.

-Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam in a clinical specimen (brain tissue or skin, cornea, urine or saliva).

-Isolation of rabies virus from clinical specimens and confirmation of rabies viral antigens by direct fluorescent antibody testing.



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form
Measles/Rubella
(ICD 10 Code: B05; B06)

Version 2019



| | | | |
|--|------------------|---|---------------|
| Name of DRU: | | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic | |
| DRU Complete Address: <u>House No.</u> <u>Street/Purok</u> | | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport | |
| <u>Barangay</u> | <u>Muni/City</u> | <u>Province</u> | <u>Region</u> |

I. PATIENT INFORMATION

| | | | | |
|--|----------------------------|---|---|---|
| Patient Number | EPI ID | Patient's First Name | Middle Name | Last Name |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth: | Age: | Current Address: (Specify House/Lot #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) |
| Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If Yes, weeks of pregnancy <u> </u> | | <u> </u> / <u> </u> / <u> </u> MM DD YY | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years | |
| Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N | Date Admitted/Seen/Consult | <u>MM</u> <u>DD</u> <u>YY</u> | Permanent Address: (Specify House/Lot #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) | |
| Is the case a member of Indigenous Group? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify: <u> </u> | | | | |
| Name of parent/caregiver: | | Contact Nos.: | | |
| Date of Report: <u>MM</u> <u>DD</u> <u>YY</u> | Name of reporter: | Contact Nos.: | | |
| Date of Investigation: <u>MM</u> <u>DD</u> <u>YY</u> | Name of investigator/s: | Contact Nos.: | | |

II. CLINICAL DATA

| | | |
|--|--|--|
| Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: <u> </u> / <u> </u> / <u> </u> | Arthralgia/arthritis: <input type="checkbox"/> Y <input type="checkbox"/> N Swollen lymphatic nodules: <input type="checkbox"/> Y <input type="checkbox"/> N | Are there any complications? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify: <u> </u> Other symptoms: <u> </u> |
| Rash: <input type="checkbox"/> Y <input type="checkbox"/> N Date onset: <u> </u> / <u> </u> / <u> </u> | If Y, specify location: <input type="checkbox"/> cervical <input type="checkbox"/> sub-occipital <input type="checkbox"/> post-auricular <input type="checkbox"/> others, specify <u> </u> | Working/Final Diagnosis: <u> </u> |
| Cough: <input type="checkbox"/> Y <input type="checkbox"/> N Koplik sign: <input type="checkbox"/> Y <input type="checkbox"/> N Runny nose/coryza: <input type="checkbox"/> Y <input type="checkbox"/> N Red eyes/conjunctivitis: <input type="checkbox"/> Y <input type="checkbox"/> N | | |

III. VACCINATION HISTORY AND VITAMIN A SUPPLEMENTATION

| | | |
|---|---|---|
| Patient received measles-containing vaccine (MCV)? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If Yes, indicate the number of doses whichever is applicable: | MV <u> </u> | MR <u> </u> MMR <u> </u> |
| Date last dose received MCV: <u> </u> / <u> </u> / <u> </u> | | |
| Measles vaccine received validated through: <input type="checkbox"/> Vaccination Card <input type="checkbox"/> Logsheet <input type="checkbox"/> By recall <input type="checkbox"/> <u> </u> (others, specify) | | |
| Was vaccination received during special campaigns? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If patient did not receive any MCV, state the reason/s: | | |
| <input type="checkbox"/> Mother was busy | <input type="checkbox"/> Child was sick | <input type="checkbox"/> Forgot schedule |
| <input type="checkbox"/> Against belief | <input type="checkbox"/> No vaccine available | <input type="checkbox"/> Other reasons, specify <u> </u> |
| <input type="checkbox"/> Medical contraindication | <input type="checkbox"/> Vaccinator not available | |
| <input type="checkbox"/> Fear of side effects | <input type="checkbox"/> Not eligible for vaccination | |
| Was the patient given Vitamin A during this illness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

IV. EXPOSURE HISTORY

| |
|---|
| With history of travel within 23 days prior to onset of rash? : <input type="checkbox"/> N <input type="checkbox"/> Y If YES, specify place and timing: |
| Place of travel: <u> </u> Date of travel: <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> <7 days from rash onset <input type="checkbox"/> 7-23 days from rash onset |
| *Was there contact with a confirmed Measles case 7-23 days prior to rash onset? <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> Y |
| *Was there contact with a confirmed Rubella case 7-23 days prior to rash onset? <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> Y |
| If YES, name of contact: <u> </u> Place of residence: <u> </u> Date of contact <u> </u> / <u> </u> / <u> </u> |
| Tick the type of place where exposure probably occur: <input type="checkbox"/> Day care <input type="checkbox"/> Barangay <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Dormitory <input type="checkbox"/> Others, specify <u> </u> |
| *Are there other known cases with fever and rash (regardless of presence of 3 C's) in the community? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U |

• Note: If the answer to any of the two questions was YES, coordinate with the ESU for validation and field investigation can't at the back

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.

Handwritten signature/initials

V. LABORATORY TESTS

| Specimen collected (Put ✓ in the box Provided) | If YES, Date Collected | Date sent to RITM | Date received in RITM (to be filled up by RITM) | Measles IgM Result | Rubella IgM Result | Virus Isolation Result | PCR Result |
|---|---------------------------|----------------------|--|-----------------------|-----------------------|---------------------------|---------------|
| <input type="checkbox"/> Serum | ___/___/___ | ___/___/___ | | | | | |
| <input type="checkbox"/> Dried Blood Spot | ___/___/___ | ___/___/___ | | | | | |
| <input type="checkbox"/> Oropharyngeal/ Nasopharyngeal swab? | ___/___/___ | ___/___/___ | | | | | |

VI. FINAL CLASSIFICATION

- | | |
|---|--|
| <input type="checkbox"/> Laboratory Confirmed Measles | <input type="checkbox"/> Laboratory Confirmed Rubella |
| <input type="checkbox"/> Epi-linked Confirmed Measles | <input type="checkbox"/> Epi-linked Confirmed Rubella |
| <input type="checkbox"/> Measles Compatible | <input type="checkbox"/> Discarded Non Measles/Rubella |

VII. SOURCE OF INFECTION

- ☐
- Endemic
-
- ☐
- Imported
-
- ☐
- Import-related
-
- ☐
- Unknown

VIII. OUTCOME: ☐ Alive ☐ Died

Date died: ___/___/___

FINAL DIAGNOSIS: _____

CASE DEFINITION AND CLASSIFICATION
CASE DEFINITION
Suspected case: Any individual, regardless of age, with the following signs and symptoms:

- fever (38°C or more) or hot to touch; and
- Maculo-papular rash (non-vesicular) AND
- at least one of the following: cough, coryza (runny nose), or conjunctivitis (red eyes)

CASE CLASSIFICATION
Laboratory-confirmed Measles: a suspected measles case that has been confirmed by a proficient laboratory as positive for Measles IgM antibodies and/or positive for measles virus isolation or Polymerase Chain Reaction (PCR)

Epidemiologically Linked Confirmed Measles: a suspected measles case that has not been confirmed by a laboratory but was geographically and temporally related with dates of rash onset occurring between 7 and 23 days apart from a laboratory-confirmed case or another epidemiologically confirmed measles case

Clinically Compatible Measles: a suspected measles case, for which no adequate clinical specimen was taken and the case has not been linked epidemiologically to a laboratory-confirmed case of measles or other communicable disease OR laboratory confirmation is still pending

Laboratory-confirmed Rubella: a suspected measles case with a positive laboratory test results for rubella-specific IgM antibodies or other laboratory test method

Epidemiologically Linked Confirmed Rubella: a suspected case who has direct contact with another laboratory confirmed rubella case with rash onset occurred 12-23 days before the present case

Non-Measles/Rubella Discarded Case: a suspected case that has been investigated and discarded as a non-measles (and non-rubella) when any of the following are true:

- negative laboratory testing in a proficient laboratory on an adequate specimen collected during the proper time period after rash onset
- epidemiological linkage to a laboratory confirmed outbreak of another communicable disease that is not measles/rubella
- confirmation of another etiology

SOURCE OF INFECTION:
Endemic: a confirmed measles case acquired the infection within the country wherein the chain of measles virus transmission is continuous for ≥12 months

Imported: a returning traveler or visitor exposed to measles outside the country during the 7–23 days prior to rash onset and supported by epidemiological or virological evidence.

Import-related: a locally acquired infection that occurs as part of a chain of transmission originating from an imported case as supported by epidemiological or virological evidence.

Unknown: a confirmed case for which no epidemiological or virological link to importation or endemic transmission can be established after a thorough investigation.

LABORATORY CONFIRMATION:

- Positive serologic test result for anti-measles IgM antibodies
- Fourfold rise in anti-measles IgG antibodies in acute and convalescent serum
- Isolation of measles virus
- Dot immunobinding assay
- Polymerase chain reaction (PCR) testing for measles nucleic acid

Therapeutic Dosage of Vitamin A for Measles cases:

- 50,000 IU for children <6 months old
- 100,000 IU for children 6 to 11 months old
- 200,000 IU for children 12 to 71 months old

Note: The therapeutic dosage of Vitamin A for measles cases should be given upon diagnosis regardless of when the last dose of vitamin A capsule was given.

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form Acute Flaccid Paralysis



| | | | | | | | | |
|--|--|--|----------------------|---|--|--|--|--|
| Name of DRU: | | | | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic | | | | |
| Address: | | | | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport | | | | |
| I. PATIENT INFORMATION: | | Patient Number: | Patient's First Name | | Middle Name | Last Name | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth: ____/____/____ MM DD YY | | Age: ____ | | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years | | |
| Name of Parent/ Caregiver: | | | | Current Address: | | | | |
| Contact No: | | | | Permanent Address: | | | | |
| Patient Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Date Admitted/ Seen/Consult | | MM | DD YY | |
| Date of Report: | | MM | DD | YY | Date of Investigation: | | MM DD YY | |
| Name of Investigator: | | | | Contact No: | | | | |
| Is the case a member of an Indigenous Group? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, Specify: | | | | | | | | |
| II. CLINICAL DATA (Put a check [✓] in the appropriate box) | | | | | | | | |
| Previous Consultation | PRODROME | PARALYSIS | | SITE OF FLACCID PARALYSIS | Sensory Status | Deep Tendon Reflexes | Motor Status | |
| Name and address of health facility 1: Date of Visit: ____/____/____ Name and address of health facility 2: Date of Visit: ____/____/____ | Fever: <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input type="checkbox"/> Y <input type="checkbox"/> N Diarrhea/Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N Muscle pain: <input type="checkbox"/> Y <input type="checkbox"/> N Meningeal signs: <input type="checkbox"/> Y <input type="checkbox"/> N | Date onset: ____/____/____ Present at birth?: <input type="checkbox"/> Y <input type="checkbox"/> N Asymmetric?: <input type="checkbox"/> Y <input type="checkbox"/> N PROGRESSION Paralysis fully developed within 3 to 14 days from onset of illness? <input type="checkbox"/> Y <input type="checkbox"/> N Direction of paralysis: <input type="checkbox"/> Ascending <input type="checkbox"/> Descending | | Right arm: <input type="checkbox"/> Y <input type="checkbox"/> N Left arm: <input type="checkbox"/> Y <input type="checkbox"/> N Right leg: <input type="checkbox"/> Y <input type="checkbox"/> N Left leg: <input type="checkbox"/> Y <input type="checkbox"/> N Breathing muscles: <input type="checkbox"/> Y <input type="checkbox"/> N Neck muscles: <input type="checkbox"/> Y <input type="checkbox"/> N Facial muscles: <input type="checkbox"/> Y <input type="checkbox"/> N Working Diagnosis: | | | | <i>NOTE: Instructions on the grading/scoring of the sensory status, deep tendon reflexes and motor status are presented at the back of this page.</i> |
| III. EPIDEMIOLOGIC DATA | | | | | | | | |
| History of neurologic disorder?: <input type="checkbox"/> Y <input type="checkbox"/> N If YES, specify disorder: _____ | | | | | | | | |
| Did the patient travel (>10 km from house) one month prior to illness? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | |
| If YES, specify place: _____ Date traveled: From ____/____/____ To ____/____/____ | | | | | | | | |
| Other AFP cases in patient's community within 60 days of patient's paralysis? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | |
| Does the patient had any history of injection, trauma and/ or animal bite? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | |
| If YES, specify type _____ | | | | | | | | |
| Is there an Environmental Sample tested positive for WPV/ VDPV / Sabin-like 2 in the area? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, Specify the date: ____/____/____ | | | | | | | | |
| IV. IMMUNIZATION HISTORY | | | | | | | | |
| Polio Vaccine given: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | |
| OPV Total Routine OPV doses received: ____ Date last OPV dose: ____/____/____ Total SIA OPV doses received: ____ Date last OPV dose: ____/____/____ | | | | | | | | |
| IPV Total IPV doses received: ____ Date last IPV dose: ____/____/____ | | | | | | | | |
| V. LABORATORY DATA | | | | | | | | |
| Stool sample # | Collected? | If YES, date taken | Date sent to RITM | Date received RITM | Result | | Amount of Stool (To be filled out by RITM) | Specimen Condition (To be filled out by RITM) |
| 1 | <input type="checkbox"/> Y <input type="checkbox"/> N | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> WPV <input type="checkbox"/> Sabin-like <input type="checkbox"/> VDPV <input type="checkbox"/> NEG <input type="checkbox"/> NPEV If WPV, Sabin-like or VDPV: Specify: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 | | ____ | No. of Ice packs: ____ Qty of Ice packs: <input type="checkbox"/> Frozen <input type="checkbox"/> Thawed but cold <input type="checkbox"/> Warm Type of Container: _____ |
| 2 | <input type="checkbox"/> Y <input type="checkbox"/> N | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> WPV <input type="checkbox"/> Sabin-like <input type="checkbox"/> VDPV <input type="checkbox"/> NEG <input type="checkbox"/> NPEV If WPV, Sabin-like or VDPV: Specify: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 | | ____ | Name of Courier: _____ RECEIVED BY: _____ |
| VI. 60-DAY FOLLOW-UP | | | | | | | | |
| Expected date of follow-up: ____/____/____ Follow-up done: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | If NO, reason for no P.E: _____ | | | |
| If Yes, actual date of follow-up conducted: ____/____/____ | | | | | | | | |
| P.E. done? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | <input type="checkbox"/> Patient Died Date: ____/____/____ | | | |
| Residual paralysis at 60 days?: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | <input type="checkbox"/> Lost to Follow-up | | | |
| If Yes, Specify: Flaccid/Floppy <input type="checkbox"/> Spastic <input type="checkbox"/> | | | | | <input type="checkbox"/> OTHERS, Specify: _____ | | | |
| Presence of Atrophy?: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | Note other observations: _____ | | | |
| Site: RA: <input type="checkbox"/> Y <input type="checkbox"/> N LA: <input type="checkbox"/> Y <input type="checkbox"/> N RL: <input type="checkbox"/> Y <input type="checkbox"/> N LL: <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | |

Case Investigation Form

Acute Flaccid Paralysis

| VII. CLASSIFICATION (TO BE FILLED UP BY THE EXPERT PANEL ONLY) | | |
|---|--|--|
| FINAL CLASSIFICATION | CLASSIFICATION CRITERIA | FINAL DIAGNOSIS |
| <input type="checkbox"/> Confirmed wild polio <input type="checkbox"/> Vaccine-derived paralytic polio (VDPV) <input type="checkbox"/> Vaccine-associated paralytic polio (VAPP) <input type="checkbox"/> Recipient VAPP <input type="checkbox"/> Contact VAPP <input type="checkbox"/> Polio compatible <input type="checkbox"/> Discarded as Non-Polio Date classified: ____/____/____ | <input type="checkbox"/> Laboratory <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Death <input type="checkbox"/> With residual paralysis <input type="checkbox"/> Without residual paralysis | Was this case considered as NOT AFP? <input type="checkbox"/> Y <input type="checkbox"/> N |

AFP Case Definition:

- An AFP case is defined as a child less than 15 years of age presenting with recent or sudden onset of floppy paralysis or muscle weakness due to any cause, OR
- Any person of any age with paralytic illness if poliomyelitis is suspected by a clinician.

'Hot' or 'high risk' Case Description:

- A case that is considered highly suspected for being polio based on clinical data and with the following presenting characteristics:
 - Less than 5 years of age
 - Less than 3 OPV doses
 - Fever at onset of paralysis
 - Asymmetric paralysis
 - Rapid progression of paralysis (within 3 days)
- And/or
- Has been in contact with or living in area with possible or recent Polio virus circulation.

Adequate Stool Definition:

- Two stool specimen (at least adult thumb size)
- Collected within 14 days from onset of paralysis
- With a collection interval of at least 24 hours

Grading/Scoring of Sensory Status, Deep Tendon Reflexes and Motor Status:

A. Sensory status is presented in percentage and categorized as follows:

- ≤25% = Absent
- ≥25% but <100% = Reduced
- 100% = Normal

B. Deep tendon reflexes are presented in (+) symbol and categorized as follows

- none or 0 = absent
- + = reduced
- ++ = normal
- +++ with/without clonus = increased or exaggerated

C. Motor Status is presented in fraction and categorized as follows:

- 0/5 = absent or no movement
- 1/5 to 3/5 = reduced movement (with movement but not against resistance or gravity)
- 4/5 to 5/5 = normal (movement with full resistance and against gravity)



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

**Severe Acute Respiratory Infection (SARI)**

(ICD 10 Code: J22)

| | | | |
|---|-----------------------|---|---|
| Name of DRU: | | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic | |
| Address: | | Source: <input type="checkbox"/> Gov't Lab. <input type="checkbox"/> Private Lab. <input type="checkbox"/> Airport/Seaport <input type="checkbox"/> Others _____ | |
| I. PATIENT INFORMATION: | | Surveillance <input type="checkbox"/> Outbreak <input type="checkbox"/> | |
| Patient Number: | Patient's First Name | Middle Name | Last Name |
| Current Address: House/Lot No. Street Barangay Municipality/City Province | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: <u>MM</u> <u>DD</u> <u>YY</u> Age: <u> </u> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
| Permanent Address: House/Lot No. Street Barangay Municipality/City Province | | | |
| Civil Status: | Name of Workplace: | | |
| Occupation: | Address of Workplace: | | |

II. HISTORY OF ILLNESS, PHYSICAL EXAMINATION AND PRE-EXISTING CONDITIONS

| | | | |
|---|--|---|--|
| Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | Date Admitted/ Seen/Consult: <u>MM</u> <u>DD</u> <u>YY</u> | Date Onset of Illness: <u>MM</u> <u>DD</u> <u>YY</u> |
| Did you take any of the following medication(s) prior to consultation? <input type="checkbox"/> Ranitidine (e.g. Flumadine) <input type="checkbox"/> Amantidine <input type="checkbox"/> Zanamivir <input type="checkbox"/> Oseltamivir (e.g. Tamiflu) <input type="checkbox"/> Others: (Please specify) _____ | | Are there any influenza-like-illness during the week in your: Household <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown School/Daycare <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| History of exposure to any of the ff: <input type="checkbox"/> Bats <input type="checkbox"/> Poultry/Migratory Birds <input type="checkbox"/> Camels <input type="checkbox"/> Pigs <input type="checkbox"/> Horses <input type="checkbox"/> Others: _____ | | History of travel: <input type="checkbox"/> Yes (specify country) _____ <input type="checkbox"/> No | |
| Chest X-ray <input type="checkbox"/> Done <input type="checkbox"/> Not Done Result: _____ | | | |
| Signs and Symptoms: | Temperature at consultation: <u> </u> °C <input type="checkbox"/> Fever/ Feverish Duration: <u> </u> days/weeks <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty of breathing <input type="checkbox"/> Others: (Please specify) _____ | SARI Suspect Case for Patients < 5 years old and EITHER ONE of the two IMCI criteria for pneumonia 1. IMCI Criteria for pneumonia: <input type="checkbox"/> Any 2 months to 5 years of age with cough or difficult breathing <input type="checkbox"/> Breathing faster than 60 breaths/min (infants < 2 months) <input type="checkbox"/> Breathing faster than 50 breaths/min (2-12 months) <input type="checkbox"/> Breathing faster than 40 breaths/min (1-5 years old) <input type="checkbox"/> Requires hospital admission. | |
| | 2. IMCI criteria for severe pneumonia <input type="checkbox"/> Any child 2 months to 5 years of age with cough or difficult breathing With any of the following danger signs: <input type="checkbox"/> Unable to drink or breastfeed <input type="checkbox"/> Vomits everything <input type="checkbox"/> Convulsions <input type="checkbox"/> Lethargic or unconscious <input type="checkbox"/> Chest Indrawing or stridor in a calm child <input type="checkbox"/> Requires hospital admission. | | |
| Pre-existing Conditions | <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic cardiac disease <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Chronic neurological or neuromuscular disease | Chronic renal disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Haematologic disorders <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Pregnancy | |
| | Clinical Impression: <input type="checkbox"/> Influenza-like-illness (ILI) <input type="checkbox"/> SARI <input type="checkbox"/> Others, specify: _____ | | |

III. LABORATORY TESTS:

| Specify Specimen | If YES, date taken | Type of laboratory test done | Results N=Negative; I=Indeterminate; U=Unknown | Date result |
|-------------------------------|--------------------|------------------------------|--|-------------------------------|
| <u>MM</u> <u>DD</u> <u>YY</u> | | | <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U | <u>MM</u> <u>DD</u> <u>YY</u> |
| | | Positive for: | | |
| <u>MM</u> <u>DD</u> <u>YY</u> | | | <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U | <u>MM</u> <u>DD</u> <u>YY</u> |
| | | Positive for: | | |

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332

Case Investigation Form

Severe Acute Respiratory Infection (SARI)

| IV. CLINICAL MANAGEMENT AND OUTCOME | | | |
|-------------------------------------|---|------------------------------|---|
| Antibiotics | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ | Bacterial Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ |
| Antivirals | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ | Other Therapeutic Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ |
| Fluid Therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ | Final Diagnosis | |
| Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ | Outcome at Discharge | <input type="checkbox"/> Alive <input type="checkbox"/> HAMA <input type="checkbox"/> Died <input type="checkbox"/> Others (specify) _____ |
| Intubation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please specify _____ | Date of discharge | |
| Others | | | |

CASE DEFINITION/CLASSIFICATION:**INFLUENZA- LIKE-ILLNESS (ILI)**

Suspected case: A person with acute respiratory infection, with measured fever of $\geq 38^{\circ}\text{C}$ and cough with onset within the last 10 days.

Probable case: Not applicable

Confirmed case: A suspected case that is laboratory-confirmed (used mainly in epidemiological investigation rather than surveillance).

SEVERE ACUTE RESPIRATORY INFECTION (SARI)**SARI Suspect Case for Persons > 5 years old:**

An acute respiratory infection with:

- history of fever or measured fever of $\geq 38^{\circ}\text{C}$;
- and cough;
- with onset within the last 10 days;
- and requires hospitalization
- WITH difficulty of breathing; OR

-A suspect case of severe undiagnosed pneumonia, Acute Respiratory Distress Syndrome, Severe Respiratory Disease due to Novel Respiratory Pathogens

Case Investigation Form

Severe Acute Respiratory Infection (SARI)**CASE DEFINITION/CLASSIFICATION: (Continued)****SARI Suspect Case for Patients < 5 years old:****EITHER:****IMCI criteria for pneumonia**

Any child 2 months to 5 years of age with cough or difficult breathing, AND:

Breathing faster than 60 breaths/min (infants < 2 months)

Breathing faster than 50 breaths/min (2-12 months)

Breathing faster than 40 breaths/min (1-5 years old)

OR:**IMCI criteria for severe pneumonia**

Any child 2 months to 5 years of age with cough or difficult breathing and any of the following danger signs:

Unable to drink or breastfeed

Vomits everything

Convulsions

Lethargic or unconscious

Chest indrawing or stridor in a calm child

AND

Requires hospital admission.

Notes:

- The requirement of "hospital admission" is meant to imply that in the judgment of a treating clinician the patient has an illness that is severe enough to require inpatient medical care.
- "Shortness of breath or difficulty breathing" is intended to capture dyspnea or air hunger. This does not refer to nasal congestion or other upper airway obstruction.
- "History of fever" does not require a history of documented fever and may include a patient's subjective report of having a fever or feeling "feverish".
- SARI may reflect a new illness superimposed on an underlying condition or older illness
- **SARI is not equivalent to classic pneumonia** and would not always present as pneumonia. It is expected that much of the severe respiratory disease associated with influenza would be due to exacerbations of chronic lung disease or heart disease, for example, and would not include an admitting diagnosis of pneumonia.

PROBABLE CASE

A person fitting the definition above of a "Suspect Case" with clinical, radiological, or histopathological evidence of pulmonary parenchyma disease (e.g. pneumonia or ARDS) but no possibility of laboratory confirmation either because the patient or samples are not available or there is no testing available for other respiratory infections, AND

Close contact with a laboratory confirmed case, AND

Condition not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines.

CONFIRMED CASE: A suspected case that is laboratory-confirmed.



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form Malaria (ICD 10 Code: B50 - B54)



| | |
|--|---|
| Region: Province: Municipality/City: Name of DRU: Address: Name of Interviewer: | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport |
|--|---|

| | | | | |
|--------------------------------|-----------------|---------------------|------------|-------------|
| I. PATIENT INFORMATION: | Patient Number: | Patient's Last Name | First Name | Middle Name |
|--------------------------------|-----------------|---------------------|------------|-------------|

| | | | | | |
|---|--|----------------|----------|------|--|
| Current Address: (Specify House #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) Permanent Address: (Specify House #, Street/Purok/Subdivision, Barangay, Municipality/City, Province, Region) Civil Status: | Sex: Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, # of weeks of pregnancy: | Date of Birth: | MM DD YY | Age: | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
|---|--|----------------|----------|------|--|

| | | | | | | |
|-----------|-------|---|----------------------------|----------|-----------------------|----------|
| District: | HCPN: | Patient Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Date Admitted/Seen/Consult | MM DD YY | Date Onset of Illness | MM DD YY |
|-----------|-------|---|----------------------------|----------|-----------------------|----------|

| | |
|---|----------------------------|
| Occupation: <input type="checkbox"/> OFW <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Forest Worker <input type="checkbox"/> Phil National Police/PNP <input type="checkbox"/> Fisherman <input type="checkbox"/> AFP/ Military/ Marines <input type="checkbox"/> Others: | Name of Company/ Employer: |
|---|----------------------------|

| | |
|---|--|
| II. LABORATORY TESTS DONE AND RESULTS: | III. Other Signs and Symptoms During Hospitalization: |
|---|--|

| | | |
|---|--|--|
| Date Smear was taken: ____/____/____ MM DD YY Result (check all parasite seen) <input type="checkbox"/> P. falciparum <input type="checkbox"/> P. vivax <input type="checkbox"/> P. malariae <input type="checkbox"/> P. ovale <input type="checkbox"/> P. knowlesi (has to be confirmed by PCR) <input type="checkbox"/> NMPS (no malaria parasite seen) | Date RDT was taken: ____/____/____ MM DD YY Result <input type="checkbox"/> P. falciparum <input type="checkbox"/> P. vivax <input type="checkbox"/> PfPan <input type="checkbox"/> Non-PfPan <input type="checkbox"/> Negative | <input type="checkbox"/> Jaundice <input type="checkbox"/> Severe weakness <input type="checkbox"/> Convulsion <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Poor urine output <input type="checkbox"/> Coffee-colored urine <input type="checkbox"/> Impaired consciousness <input type="checkbox"/> Abdominal bleeding |
|---|--|--|

| |
|------------------------------|
| IV. EXPOSURE HISTORY: |
|------------------------------|

| | |
|---|--|
| History of blood transfusion in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the following: Date of Transfusion: ____/____/____ MM DD YY | Name of facility of blood transfusion: |
| History of malaria infection in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the following: Date diagnosed: ____/____/____ MM DD YY | Name of Facility of Diagnosis: _____ Species: _____ |

History of Travel

| A. History of travel in the past 2 months before onset of signs and symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate places visited below: | | |
|--|-----------------|-------------------|
| Places visited with overnight stay: (Sitio/Barangay, Municipality, Province) | Travel Period | |
| | Date of Arrival | Date of Departure |
| | | |
| | | |
| | | |
| | | |



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form Malaria (ICD 10 Code: B50 - B54)



B. History of travel 2 months after onset of signs and symptoms?

☐ Yes ☐ No If yes, indicate places visited below (***)Applicable for Diagnosis and/or investigation was done late)

| Places visited with overnight stay: (Sitio/Barangay, Municipality, Province) | Travel Period | |
|---|-----------------|-------------------|
| | Date of Arrival | Date of Departure |
| | | |
| | | |
| | | |
| | | |
| | | |

V. Contact Tracing—Possible onward transmission:

Did any of the family members, visitor in the house or neighbors and other contacts have similar symptoms or illness during the last 6 weeks after the date of onset of signs and symptoms? ☐ Yes ☐ No
If yes, provide details below:

| Name | Age | Address | Describe illness/symptoms | Date when illness was observed | Contact Number |
|------|-----|---------|---------------------------|--------------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

VI. Outcome

☐ Alive ☐ Died Date Died: _____

Case Definition/Classification:

Case Definition/Classification: (FOR VERIFICATION: THIS IS THE CURRENT CASE DEFINITION OF MALARIA)

- **Uncomplicated malaria:** Signs and symptoms vary; most patients experience fever. Splenomegaly and anemia are common associated signs. Common but non-specific symptoms include otherwise unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting.
- **Severe malaria:** Coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbances in fluid, electrolyte, and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding (disseminated intravascular coagulation) and pulmonary edema.
- **Laboratory confirmation:** Demonstration of malaria parasites in blood films (mainly asexual forms)

In areas WITHOUT access to laboratory-based diagnosis:

- **Probable uncomplicated malaria case:** A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment.
- **Probable severe malaria case:** A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, renal failure, hyperpyrexia, circulatory collapse/shock, spontaneous bleeding, and pulmonary edema) and receives anti-malarial treatment.
- **Probable malaria death:** death of a patient diagnosed with probable severe malaria.

(In areas WITH access to laboratory-based diagnosis) (FOR VERIFICATION: THIS IS THE CURRENT CASE DEFINITION OF MALARIA)

- **Asymptomatic malaria:** A person with no recent history of symptoms and/or signs of malaria who shows laboratory confirmation of parasitemia.
- **Confirmed uncomplicated malaria case:** A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment AND with laboratory confirmation of diagnosis.
- **Confirmed severe malaria case:** A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbances in fluid, electrolyte and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding, disseminated intravascular coagulation, and pulmonary edema) and receives anti-malarial treatment AND with laboratory confirmation of diagnosis (microscopy or RDT).
- **Confirmed malaria death:** death of a patient classified as confirmed severe malaria.
- **Malaria treatment failure:** A patient with uncomplicated malaria without any clear symptoms suggesting another concomitant disease who has taken a correct dosage of anti-malarial treatment, and who represents with clinical deterioration or recurrence of symptoms within 14 days of the start of treatment, in combination with parasitemia (asexual forms).

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332

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Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Diphtheria

(ICD 10 Code: A36)

Version 2019



| | |
|-----------------------|--|
| Name of DRU: | Type: <input type="checkbox"/> RHU/CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic |
| DRU Complete Address: | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport |

A. PATIENT INFORMATION

| | | | | |
|-----------------------------------|-------------------------|--|--------------------------------|--|
| Patient Number | EPI ID | Patient's First Name | Middle Name | Last Name |
| Current Address: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If Yes, weeks of pregnancy | | Date of Birth: MM DD YYYY Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
| Permanent Address: | | Civil Status: | | |
| Occupation | Phone | Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N | Date Admitted/ Seen/Consult | MM DD YYYY |
| Name of parent/caregiver: | | Contact Nos.: | | |
| Date of Report: MM DD YYYY | Name of reporter: | | Contact Nos.: | |
| Date of Investigation: MM DD YYYY | Name of investigator/s: | | Contact Nos.: | |

II. BACKGROUND INFORMATION

Diphtheria-containing vaccine doses: ☐ Yes ☐ No
If Yes, Number of total doses: ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ Unknown
Date of last vaccination (MM/DD/YYYY) ____/____/____
Source of information ☐ Card ☐ recall ☐ TCL
Known Exposure to ☐ Confirmed case ☐ Probable case ☐ Carrier ☐ International traveler
Other means of exposure: _____
School name, if applicable: _____
Any travel within 14 days before onset of illness ☐ Yes ☐ No if yes where (in detail) _____

III. CLINICAL DETAILS

Date onset of fever and / or sore throat: (MM/DD/YYYY) ____/____/____
Check Signs/Symptoms which apply:
☐ Fever ☐ Sore throat ☐ Difficulty of swallowing ☐ Difficulty of breathing
☐ Cough ☐ Pseudomembrane ☐ Others, specify _____
Outcome at discharge ☐ clinically well ☐ Death (Date died) (mm/dd/yyyy) ____
☐ Referred to _____
☐ Other, specify _____

IV. TREATMENT INFORMATION

Administered antibiotic therapy? ☐ Yes ☐ No ☐ Unknown if yes, Date _____
Administered Diphtheria Anti toxin (DAT) therapy: ☐ Yes ☐ No ☐ Unknown if yes, Date _____

V. SPECIMEN COLLECTION for *Corynebacterium diphtheriae*

Date of collection: (dd/mm/yyyy): ____/____/____ Date of sample send: ____/____/____
Date of results: ____/____/____
Check what applies:
☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed
If Positive
☐ Toxigenic ☐ Non—toxigenic

VI. FINAL CLASSIFICATION: ☐ Suspect ☐ Lab confirmed ☐ Epi linked ☐ Clinically compatible ☐ Discarded

To include linelist for close contacts

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.

Case Investigation Form

Diphtheria**CASE DEFINITION/CLASSIFICATION:**

Suspected Case: Any person with illness of upper respiratory tract characterized by pharyngitis, nasopharyngitis, tonsillitis or laryngitis and adherent pseudomembrane of the tonsils, pharynx, larynx and/or nose.

Laboratory-Confirmed Case: A case is a person (regardless of a symptoms) with *Corynebacterium* spp. Isolated by culture and positive for toxin production.

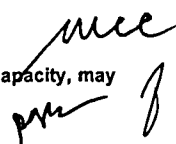
* Special consideration. Sometimes during outbreak investigation when household contacts are investigated, people will be identified with positive *Corynebacterium* cultures and evidence of toxigenicity, who do not meet the suspected case definition. These people should still be reported as laboratory-confirmed cases, as their treatment and public health response is the same as the other laboratory-confirmed cases.

Epidemiologically linked Case: A case that meets the definition of a suspected case and is linked epidemiological linkage is having intimate respiratory or physical contact with a laboratory-confirmed case within the 14 days prior to onset of sore throat in the laboratory-confirmed case.

Clinically Compatible Case: A case that meets the definition of a suspected case and lacks both a confirmatory laboratory test result and epidemiologic linkage to a laboratory-confirmed case.

Discarded Case: A suspect case with:

1. *C. diphtheriae* but negative ELEK test (nontoxigenic *Corynebacterium*); or
2. Negative PCR for the toxin gene





Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Neonatal Tetanus

(ICD 10 Code: A33)



| | | | |
|--|-----------------|--|---|
| Name of DRU: | | Type: <input type="checkbox"/> RHU/CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic | |
| Address: | | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport | |
| I. PATIENT INFORMATION: | Patient Number: | Patient's Last Name | First Name Middle Name |
| Complete Address: | | Permanent Address: | |
| District: _____ ILHZ: _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: <u>MM</u> <u>DD</u> <u>YYYY</u> Age in days: |
| Patient Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | Date Admitted/Seen/Consult: <u>MM</u> <u>DD</u> <u>YYYY</u> | Date Onset of Illness: <u>MM</u> <u>DD</u> <u>YYYY</u> |
| Date of Report: <u>MM</u> <u>DD</u> <u>YYYY</u> | | Date of Investigation: <u>MM</u> <u>DD</u> <u>YYYY</u> Mother's Full Name: _____ Contact Number: _____ | |
| II. CLINICAL DATA: | | | |
| In the first 2 days of life, check which applies: did the baby suck and cry normally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown From 3 to 28 days of life was the baby unable to suck and cry normally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | From 3 to 28 days of life does the baby have convulsions or muscles stiffness or fits, trismus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the umbilical stump infected? (bad smell, pus) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| III. MOTHER'S INFORMATION: | | | |
| <u>Prenatal Care</u> No. of total pregnancies: _____ Live births: _____ Living children: _____ How many prenatal care visits did the mother make to a health facility during her pregnancy? _____ When was the first prenatal visit? ____/____/____ Is the prenatal care history reported by: <input type="checkbox"/> Card <input type="checkbox"/> Recall <input type="checkbox"/> Both <input type="checkbox"/> Unknown State reason for no or late prenatal care: _____ | | <u>Immunization Status</u> How many doses of Tetanus containing vaccine has the mother received? _____ doses ____ unknown Date last dose given: ____/____/____ If she received 2 doses, were they given during this pregnancy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Is the immunization status reported by: <input type="checkbox"/> Card <input type="checkbox"/> Recall <input type="checkbox"/> Both <input type="checkbox"/> Unknown | |
| | | If she has a card, copy the dates of all Tetanus containing immunizations recorded on the card: TD1: ____/____/____ TD2: ____/____/____ TD3: ____/____/____ TD4: ____/____/____ TD5: ____/____/____ Is the child protected at birth*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| IV. DELIVERY PRACTICES: | | | |
| Place of Delivery: <input type="checkbox"/> Home <input type="checkbox"/> Hospital/lying-in/clinic <input type="checkbox"/> Other, specify: _____ If born in a hospital/lying-in/clinic, give name and address of the hospital/lying-in/clinic: _____ Cord was cut using: <input type="checkbox"/> Scissors <input type="checkbox"/> Blade <input type="checkbox"/> Bamboo <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____ Who attended the delivery? <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Hilot <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____ Stump treated (dressed) with: <input type="checkbox"/> Alcohol <input type="checkbox"/> Povidone iodine <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____ | | | |
| V. CLASSIFICATION AND OUTCOME: | | | |
| CASE CLASSIFICATION | | OUTCOME | |
| <input type="checkbox"/> Suspected Case <input type="checkbox"/> Confirmed Case | | <input type="checkbox"/> Alive <input type="checkbox"/> Died Date died: MM/DD/YYYY <input type="checkbox"/> Unknown | |

mcc
pm

Case Investigation Form

Neonatal Tetanus**CASE DEFINITION/CLASSIFICATION:**

Suspected Case: Any neonate who would suck and cry normally during the first two days of life and develop tetanus-like illness or death between 3 and 28 days of age and not investigated

Clinically-Confirmed Case: Any suspected case found to have all three of the following: normal ability to suck and cry during the first 2 days of life AND could not suck normally between 3 and 28 days of age AND developed muscle stiffness and/or spasms which may include jerking, trismus, clenched fists or feet, continuously pursed lips, and/or curved back (opisthotonus)

OR A neonate from 3 to 28 days of age diagnosed as a case of tetanus by a physician.

NOTE: Neonatal tetanus case classification is based solely on clinical criteria. Any neonatal death occurring in babies 3-28 days old with no apparent cause should be suspected as NT and evaluated according to the above criteria. In calculating age, the day of birth is considered the first day of life (i.e., the baby is 1 day old on the day he/she was born).

Protection at Birth (PAB) is defined as any of the following:

Regardless of interval:

- 2 TDV doses during the pregnancy with the youngest child, or
- 1 TDV dose during the pregnancy with the youngest child plus 2 doses prior to the pregnancy, or
- 3 TDV doses prior to the pregnancy with the youngest child

*once
over 7*



Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

Pertussis

(ICD 10 Code: A37)

Version 2019



| | |
|-----------------------|--|
| Name of DRU: | Type: <input type="checkbox"/> RHU/CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic |
| DRU Complete Address: | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport |

A. PATIENT INFORMATION

| | | | | | |
|---------------------------|---|---|----------------|---------------------------------|------|
| Patient Number | EPI ID | Patient's First Name | Middle Name | Last Name | |
| Current Address: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Age: | |
| Permanent Address: | | <input type="checkbox"/> Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U | MM DD YYYY | <input type="checkbox"/> Days | |
| | | If Yes, weeks of pregnancy | MM DD YYYY | <input type="checkbox"/> Months | |
| | | | | <input type="checkbox"/> Years | |
| Occupation | Patient admitted? <input type="checkbox"/> Y <input type="checkbox"/> N | Date Admitted/Seen/Consult | MM | DD | YYYY |
| Phone | | | | | |
| Civil Status: | | | | | |
| Name of parent/caregiver: | | Contact Nos.: | | | |
| Date of Report: | MM DD YYYY | Name of reporter: | Contact Nos.: | | |
| Date of Investigation: | MM DD YYYY | Name of investigator/s: | Contact Nos.: | | |

II. BACKGROUND INFORMATION

Pertussis-containing vaccine doses: ☐ Yes ☐ No

If Yes, Number of total doses: ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ Unknown

Date of last vaccination (MM/DD/YYYY) ____/____/____

Source of information ☐ Card ☐ recall ☐ TCL

Known Exposure to ☐ Confirmed case ☐ Probable case ☐ Carrier ☐ International traveler

Other means of exposure: _____

School name, if applicable: _____

Any travel within 14 days before onset of illness ☐ Yes ☐ No if yes where (in detail) _____

III. CLINICAL DETAILS

Date onset of fever and / or sore throat: (MM/DD/YYYY) ____/____/____

Check Signs/Symptoms which apply:

☐ Post-tussive vomiting ☐ Apnea (for infants) ☐ Paroxysms of coughing ☐ Inspiratory whooping

☐ Coughing lasting at least 2 weeks ☐ Others, specify _____

Outcome at discharge ☐ clinically well ☐ Death (Date died) (mm/dd/yyyy) ____/____/____

☐ Referred to _____ ☐ Other, specify _____

IV. TREATMENT INFORMATION

Administered antibiotic therapy? ☐ Yes ☐ No ☐ Unknown if yes, Date _____

V. SPECIMEN COLLECTION for *Bordetella Pertussis*

Sample collected ☐ Yes ☐ No if yes type sample: ☐ throat swab ☐ nasal swab

Date of collection: (dd/mm/yyyy): ____/____/____ Date of sample send: ____/____/____

Date of results: ____/____/____

Check what applies:

☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed

VI. FINAL CLASSIFICATION: ☐ Suspect ☐ Confirmed

To include linelist for close contacts

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.

Case Investigation Form

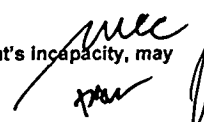
Pertussis**CASE DEFINITION/CLASSIFICATION:**

Suspected Case: Any person with cough lasting at least 2 weeks with at least one of the following:

- Paroxysms (i.e. fits) of coughing
- Inspiratory "whooping"
- Post-tussive vomiting (i.e. vomiting immediately after coughing) without other apparent cause
- Apnea, with or without cyanosis (For infants < 1 year old)

Confirmed Case:

- A suspect case that is laboratory confirmed or epidemiologically linked to a laboratory-confirmed case
- Laboratory criteria for diagnosis: Isolation of *Bordetella pertussis* from clinical specimen





Philippine Integrated Disease
Surveillance and Response

Case Investigation Form

**Meningococcal Disease**

(ICD 10 Code: A39)

| Name of DRU: | | | | Type: <input type="checkbox"/> RHU <input type="checkbox"/> CHO <input type="checkbox"/> Gov't Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|-----------|-----------|--|--|--|--|--|--|--|--|--|-------------|-----------|-----------|---|--|------------------------------|--|--------------------------------------|--|--|--|-------------------------------------|--|-----------|--|----------------------------------|--|--|--|
| Address: | | | | <input type="checkbox"/> Gov't Laboratory <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Airport/Seaport | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. PATIENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Number | | | | EP ID: | | | | Patient's First Name | | | | Middle Name | | | | Last Name | | | | | | | | | | | | | | | |
| Indigenous people?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If Yes, specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Address: Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | | | | | | | | | | Sex: | | Date of Birth: | | MM | | DD | | YY | | Age: | | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years | | | | | | | | | |
| Permanent Address: Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | | | | | | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | |
| Civil Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | Name Workplace: | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Address of Workplace: | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If student: | | | | Name of School: | | | | | | Address of School: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. CLINICAL INFORMATION: | | | | Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | Date Admitted/Seen/Consult | | | | MM | | DD | | YY | | Date Onset of Illness | | | | MM | | DD | | YY | | | | | |
| Signs and Symptoms: | | | | <input type="checkbox"/> Fever | | | | <input type="checkbox"/> Seizure | | | | <input type="checkbox"/> Malaise | | | | <input type="checkbox"/> Cough | | | | <input type="checkbox"/> Sore throat | | | | <input type="checkbox"/> Runny nose | | | | <input type="checkbox"/> Dyspnea | | | |
| | | | | <input type="checkbox"/> Headache | | | | <input type="checkbox"/> Stiff neck | | | | <input type="checkbox"/> Change of sensorium | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Maculopapular rash | | | | <input type="checkbox"/> Vomiting | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Petechia | | | | <input type="checkbox"/> Change of sensorium | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Purpura | | | | <input type="checkbox"/> Drowsiness | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Other lesions: | | | | <input type="checkbox"/> Other signs / symptoms: | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Presentation: | | | | | | | | Case Classification: | | | | | | | | Outcome: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Meningitis | | | | | | | | <input type="checkbox"/> Suspected Case | | | | | | | | <input type="checkbox"/> Alive | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Septicemia | | | | | | | | <input type="checkbox"/> Probable Case | | | | | | | | <input type="checkbox"/> Died, Date Died ____/____/____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Both | | | | | | | | <input type="checkbox"/> Confirmed Case | | | | | | | | (mm/dd/yy) | | | | | | | | | | | | | | | |
| III. CASE MANAGEMENT: | | | | Were blood/CSF extracted before the first dose of antibiotics was given to the patient? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered antibiotic therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Date _____ (mm/dd/yy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. LABORATORY TESTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specimen | If YES, date taken | | | Type of laboratory test done | Results N=Negative; I=Indeterminate; U=Unknown; ND= Not Done | | | | | | | | Date result | | | | | | | | | | | | | | | | | | |
| CSF | MM | DD | YY | Culture | Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> ND | | | | | | | | MM | DD | YY | | | | | | | | | | | | | | | | |
| | MM | DD | YY | Latex agglutination | Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> ND | | | | | | | | MM | DD | YY | | | | | | | | | | | | | | | | |
| | MM | DD | YY | Gram stain | Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> ND | | | | | | | | MM | DD | YY | | | | | | | | | | | | | | | | |
| Blood | MM | DD | YY | Culture | Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> ND | | | | | | | | MM | DD | YY | | | | | | | | | | | | | | | | |
| | MM | DD | YY | PCR | Positive for: <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> ND | | | | | | | | MM | DD | YY | | | | | | | | | | | | | | | | |

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

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Case Investigation Form

Meningococcal Disease

| | | | |
|--|--|------------------------|-----------------|
| V. PAST HISTORY: | Did the PATIENT or CLOSE CONTACT/S interact with a suspected or confirmed meningococcal case within 2 weeks before onset of illness? <input type="checkbox"/> Yes, the patient <input type="checkbox"/> Yes, close contact/s (name/s) _____ | | |
| If yes, what was the name of the suspected or confirmed meningococcal case? | | | |
| What is the address of the suspected or confirmed meningococcal case? | | | |
| Where did the patient or close contact/s interact with the meningococcal case? | | When? MM/DD/YY | Number of Days? |
| Did the PATIENT travel within 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | If yes, where? | |
| Did a CLOSE CONTACT/S of the patient travel within 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | If yes, who and where? | |
| Did the PATIENT attend any social gathering within 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | If yes, where? | |
| Did the PATIENT have upper respiratory tract infection within 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| Did a CLOSE CONTACT/S have upper respiratory tract infection within 2 weeks prior to the patient's illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown, If Yes, who? | | | |

CASE DEFINITION/CLASSIFICATION:

Suspected case: Clinical purpura fulminans in the absence of a positive blood culture; or Gram-negative diplococci, not yet identified, isolated from a normally sterile body site (e.g., blood or CSF)

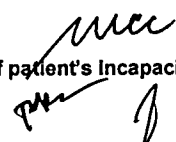
Note: In patients <1 year, suspect meningitis when fever is accompanied by bulging fontanel


Probable case: Detection of *N. meningitidis* antigen in formalin-fixed tissue by immunohistochemistry (IHC); or in CSF by latex agglutination

- **Confirmed case:** A suspected or probable case plus:
 - * Isolation of *N. meningitidis* from a sterile site (CSF, blood) or
 - * Positive test for *N. meningitidis* DNA from a sterile site (CSF, blood)

LABORATORY CONFIRMATION:

- Positive cerebrospinal fluid (CSF) antigen detection or culture.
- Positive blood culture.
- Positive PCR test



| | | | |
|--|--|-----------------------|---|
|  | Case Report Form Dengue (ICD 10 Code: A90-A91) | Page Number: 1 of 2 | 1 |
| | DOH-EB-PHSD-01 | Revision Number: 2020 | |
| | | Effectivity: | |

Region: _____ Province: _____ Municipality/City: _____

Name of DRU: _____ Type: ☐ RHU ☐ CHO/MHO/PHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

Address: _____

Name of interviewer: _____

| Patient No. | PATIENT'S FULL NAME Last name, First name, Middle name | Age | Sex (F/M) | Date of Birth | COMPLETE CURRENT ADDRESS (place of residence within 30 days) House/Building #, Street, Barangay, Municipality/City, Province | COMPLETE PERMANENT ADDRESS House/Building #, Street, Barangay, Municipality/City, Province | Civil Status | Indigenous People | Consulted? | Date of First consultation | Place of Consultation | Admitted? | Date admitted/seen/consulted | Date onset of illness (FIRST symptoms) |
|-------------------------------|---|---|--------------------------|---------------|--|---|--|-------------------|----------------|----------------------------|-----------------------|----------------|------------------------------|--|
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| Response Codes / Instructions | Indicate Last Name, followed by First name, and Middle name | Age: Indicate D - days M - months Yr. - years | Sex: F - Female M - Male | MM/DD/YY | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | S-Single M-Married Sep-Separated W-Widowed | | Y - Yes N - No | MM/DD/YY | Name of Facility | Y - Yes N - No | MM/DD/YY | MM/DD/YY |

Clinical Classification

A. DENGUE WITHOUT

WARNING SIGNS

Person with acute febrile illness of 2-7 days duration plus two of the following

- Headache
- Body malaise
- Myalgia
- Arthralgia
- Retro-orbital pain
- Anorexia
- Nausea
- Vomiting
- Diarrhea
- Flushed skin
- Skin rash (petechial, Hermon's sign)

B. DENGUE WITH WARNING SIGNS

Person with acute febrile illness of 2-7 days duration with any of the following:

- Abdominal pain or tenderness
- Persistent vomiting
- Clinical fluid accumulation (ascites, pleural effusion)
- Mucosal bleeding
- Lethargy
- Restlessness
- Liver enlargement >2 cm
- Laboratory: increase in HCT concurrent with rapid decrease in platelet count

**requires strict observation and medical intervention

C. SEVERE DENGUE

Dengue with at least one of the following criteria:

- Severe plasma leakage leading to shock and/or fluid accumulation with respiratory distress
- Severe bleeding as evaluated by clinician
- Severe organ involvement such as AST or ALT ≥ 1000 , impaired consciousness and failure of heart and other organs.

Case Classification

SUSPECT

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue


PROBABLE: A suspected case with positive dengue IgM antibody test

CONFIRMED: A suspected case with positive results for:

- Viral culture isolation, or
- Polymerase Chain Reaction (PCR), or
- Dengue NS1 antigen test

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

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| | | | |
|---|--|-----------------------|---|
|  | Case Report Form Dengue (ICD 10 Code: A90-A91) | Page Number: 1 of 2 | 1 |
| | DOH-EB-PHSD-01 | Revision Number: 2020 | |
| | | Effectivity: | |

Region: _____ Province: _____
 Name of DRU: _____
 Address: _____
 Name of Interviewer: _____

Municipality/City: _____
 Type: ☐ RHU ☐ CHO/MHO/PHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

| Patient No. | PATIENT'S FULL NAME Last name, First name, Middle name | Age | Sex (F/M) | Date of Birth | COMPLETE CURRENT ADDRESS (place of residence within 30 days) House/Building #, Street, Barangay, Municipality/City, Province | COMPLETE PERMANENT ADDRESS House/Building #, Street, Barangay, Municipality/City, Province | Civil Status | Indigeno us People | Consult ed? | Date of First consultation | Place of Consultation | Admit -ted? | Date admitted/ seen/ consulted | Date onset of illness ((FIRST symptom/s)) |
|-------------------------------|---|---|--------------------------|---------------|--|---|--|--------------------|---------------|----------------------------|-----------------------|---------------|--------------------------------|---|
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Response Codes / Instructions | Indicate Last Name, followed by First name, and Middle name | Age: Indicate D - days M - months Yr. - years | Sex: F - Female M - Male | MM/DD/YY | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | S-Single M-Married Sep-Separated W-Widowed | | Y - Yes N- No | MM/DD/YY | Name of Facility | Y - Yes N- No | MM/DD/YY | MM/DD/YY |

Clinical Classification

Case Classification

WARNING SIGNS

Person with acute febrile illness of 2-7 days duration plus two of the following:

- Headache
- Body malaise
- Myalgia
- Arthralgia
- Retro-orbital pain
- Anorexia
- Nausea
- Vomiting
- Diarrhea
- Flushed skin
- Skin rash (petechial, Herman's sign)

A. DENGUE WITHOUT

B. DENGUE WITH WARNING SIGNS

Person with acute febrile illness of 2-7 days duration with any of the following:

- Abdominal pain or tenderness
- Persistent vomiting
- Clinical fluid accumulation (ascites, pleural effusion)
- Mucosal bleeding
- Lethargy
- Restlessness
- Liver enlargement >2 cm
- Laboratory: increase in HCT concurrent with rapid decrease in platelet count

**requires strict observation and medical intervention

C. SEVERE DENGUE

Dengue with at least one of the following criteria:

- Severe plasma leakage leading to shock and/or fluid accumulation with respiratory distress
- Severe bleeding as evaluated by clinician
- Severe organ involvement such as AST or ALT ≥ 1000 , impaired consciousness and failure of heart and other organs.

SUSPECT

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

PROBABLE: A suspected case with positive dengue IgM antibody test

CONFIRMED: A suspected case with positive results for:

- Viral culture isolation, or
- Polymerase Chain Reaction (PCR), or
- Dengue NS1 antigen test

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

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Case Report Form
Dengue (ICD 10 Code: A90-A91)

DOH-EB-PHSD-01

Page Number: 1 of 2

2

Revision Number: 2020

Effectivity:

Region: _____ Province: _____

Name of DRU: _____

Address: _____

Name of Interviewer: _____

Municipality/City: _____

Type: ☐ RHU ☐ CHO/MHO/PHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

| Patient No. | PATIENT'S FULL NAME Last name, First name, Middle name | Vaccinated with Dengue Vaccine | Date First Vaccinated with Dengue Vaccine (if vaccinated) | Date Last Vaccinated with Dengue Vaccine (if vaccinated) | Clinical Classification | NS1 | | IgG ELISA | | IgM ELISA | | PCR | | Case Classification | Outcome |
|-------------------------------|---|--------------------------------|---|--|--|----------|--|-----------|--|-----------|--|----------|---|---|---------|
| | | | | | | Result | Date done | Result | Date done | Result | Date done | Result | Date done | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| | | | ___/___/___ | ___/___/___ | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | |
| Response Codes / Instructions | Indicate Last Name, followed by First name, and Middle name | Y - Yes N - No | MM/DD/YY | MM/DD/YY | N: No warning signs W: With warning signs S: Severe Dengue P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | S: Suspect P: Probable C: Confirmed | A: Alive D: Died (specify date of death) | |

Clinical Classification

A. DENGUE WITHOUT WARNING SIGNS

Person with acute febrile illness of 2-7 days duration plus two of the following:

- Headache
- Body malaise
- Myalgia
- Arthralgia
- Retro-orbital pain
- Anorexia
- Nausea
- Vomiting
- Diarrhea
- Flushed skin
- Skin rash (petechial, Herman's sign)

B. DENGUE WITH WARNING SIGNS

Person with acute febrile illness of 2-7 days duration with any of the following:

- Abdominal pain or tenderness
- Persistent vomiting
- Clinical fluid accumulation (ascites, pleural effusion)
- Mucosal bleeding
- Lethargy
- Restlessness
- Liver enlargement >2 cm
- Laboratory: increase in HCT concurrent with rapid decrease in platelet count

**requires strict observation and medical intervention

C. SEVERE DENGUE

Dengue with at least one of the following criteria:

- Severe plasma leakage leading to shock and/or fluid accumulation with respiratory distress
- Severe bleeding as evaluated by clinician
- Severe organ involvement such as AST or ALT ≥ 1000 , impaired consciousness and failure of heart and other organs.

Case Classification
SUSPECT

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

PROBABLE: A suspected case with positive dengue IgM antibody test

CONFIRMED: A suspected case with positive results for:

- Viral culture isolation, or
- Polymerase Chain Reaction (PCR), or
- Dengue NS1 antigen test

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Case Report Form
Chikungunya Viral Disease (ICD 10 Code: A92.0)

DOH-EB-PHSD-01

Page Number:

1

Revision Number:

2

Effectivity:

Region: _____ Province: _____

Name of DRU: _____

Address: _____

Name of interviewer: _____

Municipality/City: _____

Type: ☐ RHU ☐ CHO/MHO/PHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

| Patient No. | PATIENT'S FULL NAME Last name, First name, Middle name | Age | Sex (F/M) | Date of Birth | COMPLETE CURRENT ADDRESS (place of residence within 30 days) House/Building #, Street, Barangay, Municipality/City, Province | COMPLETE PERMANET ADDRESS House/Building #, Street, Barangay, Municipality/City, Province | Civil Status | Consu lted? | Date of First consultation | Place of Consultation | Admitted? | Date admitted/ seen/ consulted | Date onset of illness (FIRST symptoms) |
|-------------|---|---|--------------------------------|---------------|---|--|---|------------------|----------------------------|-----------------------|------------------|--------------------------------------|---|
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | Indicate Last Name, followed by First name, and Middle name | Age: Indicate D - days M - months Yr. - years | Sex: F - Female M - Male | MM/DD/YY | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | Specify House or Building number, Street, Barangay, Municipality/City, Province, Region | S-Single M-Married Sep-Separated W-Widowed | Y - Yes N- No | MM/DD/YY | Name of Facility | Y - Yes N- No | MM/DD/YY | MM/DD/YY |

Case Classification

Suspect

Acute onset of fever (with a temperature of >38.5°C or hot to touch), and severe/incapacitating arthralgia not explained by other medical conditions.

Probable

Acute onset of fever (with a temperature of >38.5°C or hot to touch), and severe/incapacitating arthralgia not explained by other medical conditions and residing or having visited epidemic areas, having reported transmission within 15 days prior to the onset of symptoms.

Confirmed

A case meeting laboratory criteria, irrespective of the clinical presentation:
At least one of the following tests in the acute phase:

- Virus isolation
- Presence of viral RNA by RT-PCR
- Presence of virus specific IgM antibodies in single serum sample collected in acute or convalescent stage.
- Four-fold rising of IgG titers in samples collected at least three weeks apart

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Case Report Form
Chikungunya Viral Disease (ICD 10 Code: A92.0)

DOH-EB-PHSD-01

Page Number: 2

Revision Number: 2

Effectivity:

Region: _____ Province: _____

Name of DRU: _____

Address: _____

Name of Interviewer: _____

Municipality/City: _____

Type: ☐ RHU ☐ CHO/MHO/PHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

| Patient No. | PATIENT'S FULL NAME Last name, First name, Middle name | Fever | Arthralgia | Date of Onset of Arthralgia | Serology IgM | | Serology IgG ELISA | | RT-PCR | | Viral Isolation | | Is there history of travel within 15 days to known ongoing epidemic ChikV Case? | Case Classification | Outcome |
|-------------------------------------|--|-------------------|-------------------|--------------------------------|---|-------------|---|-------------|---|-------------|---|-------------|---|---|--|
| | | | | | Result | Date done | Result | Date done | Result | Date done | Result | Date done | | | |
| | | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | | |
| | | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | | |
| | | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | | |
| | | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | | |
| | | | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | ___/___/___ | | | |
| Response Codes / Instructions | Indicate Last Name, followed by First name, and Middle name | Y - Yes N - No | Y - Yes N - No | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | P: Positive N: Negative E: Equivocal PR: Pending Result | MM/DD/YY | Y: Yes (specify place) N: No | S: Suspect P: Probable C: Confirmed | A: Alive D: Died (specify date of death) |

Case Classification

Suspect

Acute onset of fever (with a temperature of >38.5°C or hot to touch), and severe/incapacitating arthralgia not explained by other medical conditions.

Probable

Acute onset of fever (with a temperature of >38.5°C or hot to touch), and severe/incapacitating arthralgia not explained by other medical conditions and residing or having visited epidemic areas, having reported transmission within 15 days prior to the onset of symptoms.

Confirmed

A case meeting laboratory criteria, irrespective of the clinical presentation:

At least one of the following tests in the acute phase:

- Virus isolation
- Presence of viral RNA by RT-PCR
- Presence of virus specific IgM antibodies in single serum sample collected in acute or convalescent stage.
- Four-fold rising of IgG titers in samples collected at least three weeks apart

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

[Handwritten signatures]



**Philippine Integrated Disease
Surveillance and Response**

**Case Report Form
Acute Meningitis-Encephalitis Surveillance**



I. INFORMATION ABOUT THE DISEASE REPORTING UNIT (DRU)

| | | | | | | | | |
|---|------------|----------------------|----------------------|-----------------|--------------|--|--|--|
| *Name: Address: | | | | Contact Number: | | | Type: <input type="checkbox"/> Government <input type="checkbox"/> Private | |
| II. PATIENT INFORMATION | EPI ID No: | Patient Case Number: | Patient's Last Name: | First Name: | Middle Name: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: MM/DD/YY | Age: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
| Complete Address: (Specify House No./Street/Subdivision/Purok/Brgy/Municipality/City/Province) Present Address: (Specify House No./Street/Subdivision/Purok/Brgy/Municipality/City/Province) | | | | District: | ILHZ: | Region: | Is the patient member of the Indigenous People(IP): <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Specify _____ | <input type="checkbox"/> Sentinel site <input type="checkbox"/> Non sentinel site |

III. CLINICAL DATA (Put a check [✓] in the appropriate box)

| | | | |
|--|--|--|--|
| Was patient admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date admitted: MM/DD/YY Date of onset of illness: MM/DD/YY | Signs and Symptoms: Fever: <input type="checkbox"/> Y <input type="checkbox"/> N *Change in mental status: <input type="checkbox"/> Y <input type="checkbox"/> N New-onset seizures: <input type="checkbox"/> Y <input type="checkbox"/> N Neck stiffness: <input type="checkbox"/> Y <input type="checkbox"/> N Meningeal signs: <input type="checkbox"/> Y <input type="checkbox"/> N *Change in mental status includes altered consciousness, confusion, or inability to talk. | Admission Diagnosis <input type="checkbox"/> CNS Infection <input type="checkbox"/> Suspected Bacterial Meningitis <input type="checkbox"/> Suspected Encephalitis <input type="checkbox"/> Others _____ <small>*If the clinical presentation of the CNS infection is more of either suspected Bacterial Meningitis or suspected Encephalitis, check the specific box.</small> <small>If the patient fulfills the case definition of Acute Flaccid Paralysis, refer to the AFP surveillance point person.</small> | IV. DETAILS OF INVESTIGATOR /REPORTING Name of Investigator: _____ Designation: _____ Contact No.: _____ Date of Investigation: MM/DD/YY Date of report to CHD: MM/DD/YY |
|--|--|--|--|

V. ILLNESS/VACCINATION HISTORY

| | | | | | |
|---|--|--|--|--|---|
| Tick appropriate box (✓) for the corresponding vaccination Date last dose No. of doses <input type="checkbox"/> JE <input type="checkbox"/> Meningococcal <input type="checkbox"/> Penta-Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Measles PCV <input type="checkbox"/> PCV10 <input type="checkbox"/> PCV13 <input type="checkbox"/> MMR/MR | | | | *Exposure History: Tick the type of place where exposure probably occur: <input type="checkbox"/> Day care <input type="checkbox"/> Barangay <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Dormitory <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Workplace <input type="checkbox"/> Others, specify _____ <small>*Exposure means any other member have similar symptoms.</small> | Did the patient travel outside of the province in 2 weeks prior to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify place: _____ Date traveled: From: MM/DD/YY To: MM/DD/YY |
|---|--|--|--|--|---|

| | |
|------------------------------|--|
| III. CASE MANAGEMENT: | Were blood/CSF extracted before the first dose of antibiotics was given to the patient?(Fill up if case is a suspected Bacterial Meningitis case) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|------------------------------|--|

VI. LABORATORY DATA

| Sample | Collected | Date/Time collected | Date/Time Received at the hospital laboratory (To be filled up by Sentinel hospital laboratory) | CSF Appearance (To be filled up by Sentinel hospital) | Microbiology Result (To be filled up by Sentinel Hospital) | CSF Cytology and Chemistry Result (To be filled up by Sentinel Hospital) | Date sent to RITM | Date Received and Volume of Sample (To be filled up by RITM) | Date of testing and RITM Result (To be filled up by RITM) |
|--------|---|---------------------|--|---|--|---|-------------------|---|---|
| CSF | <input type="checkbox"/> Y <input type="checkbox"/> N | MM/DD/YY AM/PM | MM/DD/YY AM/PM | <input type="checkbox"/> Clear <input type="checkbox"/> Turbid-purulent <input type="checkbox"/> Blood stained <input type="checkbox"/> Others _____ | Gram stain: <input type="checkbox"/> Y <input type="checkbox"/> N Result: _____ Culture: <input type="checkbox"/> Y <input type="checkbox"/> N Result: _____ Others: (specify): _____ Result: _____ | Test Result Units WBC _____ Protein _____ Glucose _____ | MM/DD/YY | MM/DD/YY ml | MM/DD/YY <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> H. influenzae <input type="checkbox"/> S. pneumoniae <input type="checkbox"/> N. meningitidis <input type="checkbox"/> Negative |

| Serum | | | | | | | | | |
|---------------------|---|----------|----------|-----------------------------|---|--|--|--|--|
| 1 (Acute) | <input type="checkbox"/> Y <input type="checkbox"/> N | MM/DD/YY | MM/DD/YY | Date sent to RITM: MM/DD/YY | Date Received and Volume of Sample: MM/DD/YY ml | Date of testing: MM/DD/YY Result: <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> Negative | | | |
| 2 (Convalescent) | <input type="checkbox"/> Y <input type="checkbox"/> N | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY ml | Date of testing: MM/DD/YY Result: <input type="checkbox"/> JE <input type="checkbox"/> Dengue <input type="checkbox"/> Negative | | | |



Philippine Integrated Disease
Surveillance and Response

Case Report Form Acute Bloody Diarrhea



Region: _____ Province: _____

Name of DRU: _____

Address: _____

Municipality/City: _____

Type: ☐ RHU/CHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

☐ Private Laboratory ☐ Public Laboratory ☐ Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Complete Current Address | Complete Permanent Address | Indigenous People | Consulted ? | Date of FIRST consultation | Place of Consultation | Admitted? | Date Admitted/ Seen/ Consulted | Date onset of illness (FIRST symptoms) |
|-------------------------------|---|--|-----|---------------|--|--|---------------------------|-------------------|----------------------------|-----------------------|-------------------|--------------------------------|--|
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Specify House # Street/ Purok/Subdivision, Ba- rangay, Municipality/ City, Province, Region | Please specify what tribe | Y - Yes N - No | mm/dd/yyyy | Name of Facility | Y - Yes N - No | mm/dd/yyyy | mm/dd/yyyy |

Case Definition:

- Suspected case:** A person with acute diarrhea with visible blood in the stool.
- Confirmed Case:** Suspect case with stool positive for bacterial or parasitic pathogens (i.e Shigella dysenteriae type 1, Entamoeba histolytica or Escherichia coli) through bacterial culture or any molecular diagnostic test.

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 14332

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Acute Bloody Diarrhea



| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Date of Specimen Collected | Laboratory Test Done | Laboratory Results | Case Classification | Outcome |
|--------------------------------------|---|--|-----|---------------|----------------------------|---|--|------------------------------|--------------------------------------|
| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
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| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | __/__/__ | | | | |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | mm/dd/yyyy | Please specify laboratory test done (Bacterial culture or any molecular diagnostic test) | P - Positive (specify organism) N - Negative PR - Pending Result | S - Suspect C - Confirmed | A - Alive D - Died (specify date) |

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Acute Viral Hepatitis (ICD 10 Code: B15-B17)



Region: _____ Province: _____

Name of DRU: _____

Address: _____

Municipality/City: _____

Type: ☐ RHU/CHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic

☐ Private Laboratory ☐ Public Laboratory ☐ Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Complete Current Address | Complete Permanent Address | Indigenous People | Consulted ? | Date of FIRST consultation | Place of Consultation | Admitted? | Date Admitted/ Seen/ Consulted | Date onset of illness (FIRST symptoms) |
|--------------------------------------|---|--|-----|---------------|---|---|---------------------------|-------------------|----------------------------|-----------------------|-------------------|--------------------------------|--|
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| | | | | __/__/__ | | | | | __/__/__ | | | __/__/__ | __/__/__ |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Please specify what tribe | Y - Yes N - No | mm/dd/yyyy | Name of Facility | Y - Yes N - No | mm/dd/yyyy | mm/dd/yyyy |

Case Definition/Classification:

- **Suspected case:** A person with acute illness characterized by acute jaundice, dark urine, loss of appetite, body weakness, extreme fatigue, and right upper quadrant tenderness.
- **Confirmed Case:** A suspected case that is laboratory confirmed

Laboratory Confirmation:

- Hepatitis A: Positive for IgM anti-HAV
- Hepatitis B: Positive for Hepatitis B surface antigen (HBsAg) or Positive for IgM anti-HBc and antiHBc
- Non-A, non-B: Negative for IgM anti-HAV and IgM anti-HBs (or HBsAg)
- Hepatitis C: Positive for anti-HCV
- Hepatitis D: HBsAg positive or IgM anti-HBc positive PLUS anti-HDV positive (only as co-infection or super-infection of hepatitis B)
- Hepatitis E: IgM anti-HEV positive

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Acute Viral Hepatitis (ICD 10 Code: B15-B17)



| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Date of Specimen Collected | Laboratory Results | Case Classification | Outcome |
|--------------------------------------|---|--|-----|---------------|----------------------------|--|------------------------------|--------------------------------------|
| | | | | ___/___/___ | ___/___/___ | | | |
| | | | | ___/___/___ | ___/___/___ | | | |
| | | | | ___/___/___ | ___/___/___ | | | |
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| | | | | ___/___/___ | ___/___/___ | | | |
| | | | | ___/___/___ | ___/___/___ | | | |
| | | | | ___/___/___ | ___/___/___ | | | |
| | | | | ___/___/___ | ___/___/___ | | | |
| <i>Response Codes / Instructions</i> | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | mm/dd/yyyy | P - Positive (specify organism) N - Negative PR - Pending Result | S - Suspect C - Confirmed | A - Alive D - Died (specify date) |

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Philippine Integrated Disease
Surveillance and Response

Case Report Form Cholera (ICD 10 Code: A00)



Region: _____ Province: _____
Name of DRU: _____
Address: _____

Municipality/City: _____
Type: ☐ RHU/CHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic
☐ Private Laboratory ☐ Public Laboratory ☐ Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Complete Current Address | Complete Permanent Address | Indigenous People | Consulted ? | Date of FIRST consultation | Place of Consultation | Admitted? | Date Admitted/ Seen/ Consulted | Date onset of illness (FIRST symptoms) |
|-------------------------------|---|--|-----|---------------|---|---|---------------------------|-------------------|----------------------------|-----------------------|-------------------|--------------------------------|--|
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Please specify what tribe | Y - Yes N - No | mm/dd/yyyy | Name of Facility | Y - Yes N - No | mm/dd/yyyy | mm/dd/yyyy |

Case Definition:

- Suspected case:** A suspected case is any patient aged ≥ 2 years who has acute watery diarrhoea and severe dehydration or died from acute watery diarrhoea. (Acute watery diarrhoea is characterized by three or more loose or watery, non-bloody stools within a 24-hour period.)

- Probable:** A suspected case that is Cholera RDT positive.
- Confirmed case:** A suspected case that is laboratory-confirmed.
Laboratory Confirmation of Cholera:
- Isolation of *Vibrio cholerae* 01 or 0139 from stools in any patient with diarrhea by culture or any molecular diagnostic test.

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Cholera (ICD 10 Code: A00)



| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Main source of drinking water | Date of Specimen Collected | Stool Culture Result | Case Classification | Outcome |
|--------------------------------------|---|--|-----|---------------|--|----------------------------|---|--|--------------------------------------|
| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
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| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
| | | | | __/__/__ | | __/__/__ | | | |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Well Spring Local Water System Commercial Water | mm/dd/yyyy | P - Positive (specify organism/RDT) N - Negative PR - Pending Result ND - Not done | S - Suspect P - Probable C - Confirmed | A - Alive D - Died (specify date) |

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Typhoid and Paratyphoid Fever (ICD 10 Code: A01)



Region: _____ Province: _____
Name of DRU: _____
Address: _____

Municipality/City: _____
Type: ☐ RHU/CHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic
☐ Private Laboratory ☐ Public Laboratory ☐ Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Complete Current Address | Complete Permanent Address | Indigenous People | Consulted ? | Date of FIRST consultation | Place of Consultation | Admitted? | Date Admitted/ Seen/ Consulted | Date onset of illness (FIRST symptoms) |
|--------------------------------------|---|--|-----|---------------|---|---|---------------------------|-------------------|----------------------------|-----------------------|-------------------|--------------------------------|--|
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| | | | | ___/___/___ | | | | | ___/___/___ | | | ___/___/___ | ___/___/___ |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Specify House # Street/ Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Please specify what tribe | Y - Yes N - No | mm/dd/yyyy | Name of Facility | Y - Yes N - No | mm/dd/yyyy | mm/dd/yyyy |

Case Definition:

- **Suspected case:** A person with an illness characterized by insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and non-productive cough for 5 days or more.
- **Probable case:**
 - * A suspected case that is positive in Typhoid Rapid Diagnostic Test, or
 - * A suspected case that is epidemiologically linked to a confirmed case in an outbreak.

- **Confirmed case:** A suspected or probable case that is laboratory confirmed.

Laboratory Confirmation:

- Laboratory confirmation by culture or molecular methods of *Salmonella typhi* or detection of *Salmonella typhi* or *Salmonella paratyphi* DNA from a normally sterile site.

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Typhoid and Paratyphoid Fever (ICD 10 Code: A01)



| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Date of Specimen Collected | Laboratory Result | | | | Case Classification | Outcome |
|--------------------------------------|---|--|-----|---------------|----------------------------|---|---|---|--|---|--------------------------------------|
| | | | | | | Widals Test | Typhidot | Tubex | Stool / Blood ???? Culture | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| | | | | __/__/__ | __/__/__ | | | | | | |
| Response Codes / Instructions | Indicate Last name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | mm/dd/yyyy | P- Positive N-Negative ND- Not Done | P- Positive N-Negative ND- Not Done | P- Positive N-Negative ND- Not Done | P- Positive (specify organism) N-Negative ND- Not Done | S-Suspect P-Probable C- Confirmed | A - Alive D - Died (specify date) |

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Philippine Integrated Disease Surveillance and Response

Case Report Form Rotavirus Surveillance

Version 2019



| I. INFORMATION ABOUT THE DISEASE REPORTING UNIT (DRU) | | | | | | | | |
|---|--|----------------------|--|---|-----------------------------------|--|--|--|
| *Name: Address: | | | | Contact Number of DRU: | | | Type: <input type="checkbox"/> Government <input type="checkbox"/> Private | |
| II. PATIENT INFORMATION | EPIID No: | Patient Case Number: | *Patient's Last Name: | *First Name: | Middle Name: | *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | *Date of Birth: MM / DD / YYYY | Age: _____ <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
| *Current Address: (Specify House No./Street/Purok/Subdivision/Brgy/Municipality/City/Province, Region) Permanent Address: (Specify House No./Street/Purok/Subdivision/Brgy/Municipality/City/Province, Region) | | | | District: | Health Care provider network/SDN: | ILHZ: | Region: | Is the patient is member of Indigenous People(IP): <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Specify _____ Is patient enrolled in 4 P's (National Household Targeting System)? <input type="checkbox"/> Y <input type="checkbox"/> N |
| III. CLINICAL DATA (Put a check [✓] in the appropriate box) | | | | IV. EPIDEMIOLOGIC | | V. IMMUNIZATION HISTORY | | VI. DETAILS OF INVESTIGATOR/REPORTING |
| *Date of Onset of Diarrhea: ____/____/____ (MM/DD/YY) Was Patient admitted at the wards for diarrhea? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of admission: ____/____/____ (MM/DD/YY) Did patient receive IV rehydration therapy while at the ER? <input type="checkbox"/> Y <input type="checkbox"/> N Did patient have previous hospitalization due to diarrhea? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of hospitalization ____/____/____ (MM/DD/YY) Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of onset of vomiting: ____/____/____ (MM/DD/YY) Degree of Dehydration: <input type="checkbox"/> No dehydration <input type="checkbox"/> Some dehydration <input type="checkbox"/> Severe dehydration Fever: <input type="checkbox"/> Y <input type="checkbox"/> N ADMITTING DIAGNOSIS: _____ FINAL DIAGNOSIS: _____ | | | | Are there two or more diarrhea cases? <input type="checkbox"/> Yes If Yes, where: <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Household <input type="checkbox"/> No <input type="checkbox"/> Unknown | | Received Rotavirus Vaccine? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, total doses received: _____ Date first dose received: ____/____/____ (MM/DD/YY) Date last dose received: ____/____/____ (MM/DD/YY) | | Name of Investigator: _____ Position/Designation: _____ Contact Numbers: _____ Date of Investigation: ____/____/____ (MM/DD/YY) Date of Report: ____/____/____ (MM/DD/YY) |
| VII. LABORATORY DATA | | | | | | VIII. CLASSIFICATION AND OUTCOME | | |
| STOOL SPECIMEN | SPECIMEN CONDITION AND ADEQUACY (To be filled out by RITM) | | ELISA RESULT (To be filled out by RITM) | PCR RESULT (To be filled out by RITM) | | *Classification: Suspected <input type="checkbox"/> Y <input type="checkbox"/> N Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N Outcome: Alive Date of discharge: ____/____/____ (MM/DD/YY) Died Date of Death: ____/____/____ (MM/DD/YY) | | |
| *Stool Collected? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, date taken: ____/____/____ (MM/DD/YY) Date sent to RITM: ____/____/____ (MM/DD/YY) | Date received by RITM: ____/____/____ (MM/DD/YY) Condition: <input type="checkbox"/> Frozen <input type="checkbox"/> Thawed but cold <input type="checkbox"/> Warm No. of ice packs: _____ Quantity of stool: <input type="checkbox"/> Sufficient <input type="checkbox"/> Sufficient for ELISA but no remaining sample <input type="checkbox"/> Insufficient | | <input type="checkbox"/> NEG <input type="checkbox"/> POS <input type="checkbox"/> Equivocal Date of result: ____/____/____ (MM/DD/YY) | Genotype: _____ Date of result: ____/____/____ (MM/DD/YY) | | | | |
| CASE DEFINITION AND CLASSIFICATION: Suspected Case: Acute (< 14 days) watery diarrhea, defined as three or more loose or watery stools in a 24-hour period in a child < 5 years of age who is admitted for treatment of diarrhea to a hospital ward or emergency unit at a participating surveillance facility. Children with bloody diarrhea and nosocomial infections are excluded. Confirmed Case: A suspected case in whose stool the presence of rotavirus is demonstrated by means of an antigen-based enzyme immunoassay (EIA) or any molecular diagnostic test. Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act. No. 11332 | | | | | | | | |

True



Philippine Integrated Disease
Surveillance and Response

Case Report Form
Influenza-like illness (ICD 10 Code: J11)



Region: _____ Province: _____
Name of DRU: _____
Address: _____

Municipality/City: _____
Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic
☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Civil Status | Current Address | Permanent Address | Hx of travel abroad for the last 21 days? | If yes specify | IP | Admitted? | Date admitted/seen/consulted | Date onset of illness | Received Anti Influenza vaccine | Date of last vaccination | Date of specimen collection | Laboratory Done | Result | Classification | Outcome |
|--------------------------------------|---|---|-----|---------------|--------------|---|---|---|-----------------|--------------------------------|------------|------------------------------|-----------------------|---------------------------------|--------------------------|-----------------------------|---------------------------------------|------------------|---------------------------|-----------------------------------|
| | | | | __/__/__ | | | | | | | | __/__/__ | __/__/__ | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | | | | | | | | __/__/__ | __/__/__ | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | | | | | | | | __/__/__ | __/__/__ | | __/__/__ | __/__/__ | | | | |
| | | | | __/__/__ | | | | | | | | __/__/__ | __/__/__ | | __/__/__ | __/__/__ | | | | |
| Response Codes / Instructions | Indicate First name, Middle name, Last name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yy | | Specify House #, Street/Purok/ Subdivision, Barangay, Municipality/City, Province | Specify House #, Street/Purok/ Subdivision, Barangay, Municipality/City, Province | Y-Yes N-No | Place of Travel | Y-Yes N-No (member of the IP?) | Y-Yes N-No | mm/dd/yy | mm/dd/yy | Y-Yes N-No | mm/dd/yy | mm/dd/yy | Isolation PCR Serology; viral culture | Specify organism | S - Suspect C - Confirmed | A - Alive D - Died (specify date) |

Case Definition and Classification:

- Suspected case:** A person with sudden onset of fever of $\geq 38^{\circ}\text{C}$ AND cough or sore throat in the absence of other diagnoses with shortness of breath or difficulty of breathing and require hospital admission.
- Confirmed case:** a suspect ILI case who has laboratory confirmation of influenza virus infection, using one of the following criteria:
 - virus isolation
 - molecular diagnostic test

Laboratory Confirmation:

- Virus isolation or Polymerase Chain Reaction (PCR) of swab or aspirate from the suspected individual or direct detection of influenza viral antigen or 4-fold rise in antibody titer between early and late serum.

*Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Leptospirosis (ICD 10 Code: A27)



Region: _____ Province: _____ Municipality/City: _____
 Name of DRU: _____ Type: ☐RHU/CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic
 Address: _____ ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport
 Name of Interviewer: _____

| Patient No. | Name | Age | Sex | Date of Birth | Exposure | Place of exposure | Occupation | Date of Specimen collected | Laboratory Test Done | Laboratory Results | Case Classification | Outcome |
|--------------------------------------|---|--|----------------------------|---------------|--|---|--|----------------------------|---|---|--|---|
| | | | | ___/___/___ | | | | | | | | |
| | | | | ___/___/___ | | | | | | | | |
| | | | | ___/___/___ | | | | | | | | |
| | | | | ___/___/___ | | | | | | | | |
| Response Codes / Instructions | Indicate Last Name, First name, Middle name | Age: Indicate D - days M - months Yr. - years | Sex: F-Female M-Male | mm/dd/yyyy | Please specify exposure: Exposure to infected animals or an environment contaminated with animal urine (e.g. wading in flood waters, rice fields, drainage, etc.) | Please specify location : Street/Purok/Subdivision, Barangay, Municipality/ City, Province, Region | Field of work (Including home-maker: housewife/ husband, student None) | mm/dd/yyyy | Please specify laboratory test done: RDT MAT PCR | P- Positive N- Negative PR- Pending Result | S-Suspect P-Probable C-Confirmed | A - Alive D - Died (Please specify date died: mm/dd/yyyy) |

Case Definition/Classification:

Suspect Case

History of fever within the past two weeks and at least two of the following clinical findings: myalgia, headache, jaundice, conjunctival suffusion without purulent discharge, or rash (i.e. maculopapular or petechial); OR at least one of the following clinical findings:

Aseptic meningitis, GI symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea), Pulmonary complications (e.g., cough, breathlessness, hemoptysis), Cardiac arrhythmias, ECG abnormalities, Renal insufficiency (e.g., anuria, oliguria), Hemorrhage (e.g., intestinal, pulmonary, hematuria, hematemesis), Jaundice with acute renal failure, possibly AFTER exposure to infected animals or an environment contaminated with animal urine (e.g. wading in flood waters, rice fields, drainage).

Note: Other common symptoms include nausea, vomiting, abdominal pain, diarrhea, arthralgia. The clinical diagnosis is difficult where diseases with symptoms similar to those of leptospirosis occur frequently

Probable Case

A clinically compatible case with at least one of the following: Involvement in an exposure event (e.g., adventure race, triathlon, flooding) with known associated cases, OR presumptive laboratory findings, but without confirmatory laboratory evidence of Leptospira infection.

A suspected case in an ongoing epidemic or epidemiological linked to a confirmed case OR a clinically tested positive by Rapid Test Kits.

Case Definition/Classification:

Confirmed Case

A suspect case that is laboratory confirmed.

Laboratory Confirmation:

-Isolation (and typing) from blood or other clinical materials through culture of pathogenic Leptospira.
 -Positive serology, preferably Microscopic Agglutination Test (MAT) or Polymerase Chain Reaction (PCR), using a range of Leptospira strains for antigens that should be a representative of local strains.

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Non-neonatal Tetanus (ICD 10 Code: A35)



Region: _____ Province: _____
Name of DRU: _____
Current Address: _____
Permanent Address: _____

Municipality/City: _____
Type: ☐ RHU/CHO ☐ Gov't Hospital ☐ Private Hospital ☐ Clinic
☐ Private Laboratory ☐ Public Laboratory ☐ Seaport/Airport
Civil Status: _____

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Occupation | Post-Partum? If Yes Date of last delivery | Complete Address | Indigenous People |
|-------------------------------|---|---|-----|---------------|---------------------|--|--|---------------------------|
| | | | | ___/___/___ | | | | |
| | | | | ___/___/___ | | | | |
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| | | | | ___/___/___ | | | | |
| | | | | ___/___/___ | | | | |
| | | | | ___/___/___ | | | | |
| Response Codes / Instructions | Indicate Last Name, First name, Middle name | Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male | | mm/dd/yyyy | Indicate occupation | Mm/dd/yyyy | Specify House #, Street/Purok Subdivision, Barangay, Municipality/City, Province, Region | Please specify what tribe |

Case Definition:

Suspect case: Any person >28 days of age with acute onset of at least one of the following: trismus (lockjaw), risus sardonius (sustained spasm of the facial muscles) or generalized muscle spasms (contractions)

Clinically-Confirmed: A case meeting the suspect definition and clinically-confirmed as tetanus by a physician/trained clinician

NOTE: Basis for case classification is clinical and does not depend on laboratory confirmation.

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.

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Philippine Integrated Disease
Surveillance and Response

Case Report Form
Non-neonatal Tetanus (ICD 10 Code: A35)



| Patient's Full Name | Consult- ed? | Date of first consul- tation | Place of consul- tation | Admit- ted? | Date Admit- ted/seen/ consulted | Date of Onset of Illness | With recent wound? | Wound site | Wound type | Skin le- sions | Received tetanus toxoid vac- cination? | Received tetanus anti- toxin or TIG? | Case Classifi- cation | Out- come |
|--------------------------------------|-----------------|------------------------------------|-------------------------------|-------------------|---------------------------------------|--------------------------------|---|---|---|--|---|---|--|--|
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| | | | | | ___/___/___ | ___/___/___ | | | | | | | | |
| Response Codes / Instructions | | | | Y - Yes N - No | mm/dd/yy | mm/dd/yy | Y = Yes N = No U = Unknown NOTE: Recent wound refers to past 3 months whether healed or not | Head & Neck Trunk Upper extremity Lower extremity Unknown | <ul style="list-style-type: none">• Abrasion• Animal bite• Avulsion• Burn• Open fracture• Crash• Dental (carries/ extraction)• Fireworks• Insect bite• Laceration• Puncture• Surgery• Tissue necrosis• Others, specify | Y - Yes (specify) N - No U - Unknown NOTE: Skin lesions for the past 3 months, which may include : abscess, ulcer, blister, gangrene, cellulitis, et | Y - Yes N - No U - Unknown | Y - Yes (specify) N - No U - Unknown | S - Sus- pect C - Clini- cally con- firmed | A - Alive D - Died (specify date) |

Deliberately providing false or misleading, personal information on the part of the patient, or the next of kin in case of patient's incapacity, may constitute non-cooperation punishable under the Republic Act No. 11332.

Handwritten signature/initials



Epidemiology Bureau

Event-based Surveillance and Response (ESR)

Tel: (02) 651-7800 loc 2929

E-mail: esr.central@gmail.com

Verification Report

March 6, 2018

Code:

Classified Document:

This document is distributed only to limited number of DOH and selected NGO staff in order to improve common awareness on reports and rumours of events which may have national/ International implications. Please send new or additional information on this or other public health events.

| Document Status | INTERNAL |
|--|---|
| Type of Internal Document | VERIFIED |
| 1 Report date and time | Date this health event was first reported to Surveillance Team |
| 2 Verification date and time | Date this health event was confirmed/verified by health authority |
| 3 Type of Health Event | <p>Check what is applicable:</p> <p><input type="checkbox"/> Suspect <input type="checkbox"/> Clustering <input type="checkbox"/> Outbreak <input checked="" type="checkbox"/> N/A</p> <p>If an outbreak, who validated? <input type="checkbox"/> EB-DOH <input type="checkbox"/> DOH-RESU <input type="checkbox"/> LGU</p> <p><input type="checkbox"/> Others, specify: _____</p> <p>Was a report made? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 4 Health event | What happened? (type of health event reported) |
| 5 Location | Complete address (number, Street/Barangay, municipality province) where the reported event was observed. For multiple location (specify on description of cases) |
| 6 Start date | Date of start of event or date of onset of first case |
| 7 Number of cases | Initial number of reported case/s from the event |
| 8 Description of cases | Pertains to who were affected (age and sex or nature of work), What are the common signs and symptoms of cases, when, where |
| 9 Number of deaths | Initial number of reported death/s from the event |
| 10 Description of deaths | Who were affected (age and sex), from Where? (address of fatalities) When? (Dates of fatalities) and What are the causes of deaths or description of symptoms prior to death of cases? |
| 11 Laboratory Examination | <p>Is there a procedure done? <input type="checkbox"/> Yes <input type="checkbox"/> None</p> <p>Specimen collected: <input type="checkbox"/> Blood/serum <input type="checkbox"/> Stool/Rectal Swab <input type="checkbox"/> CSF</p> <p>Others: N/A</p> <p>Type of Examination done: Indicate what type of examination was done</p> <p>Result: Laboratory findings as to specimen collected from the event</p> |
| 12 IHR Notification decision questions | <p>Is the public health impact serious? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the event unusual or unexpected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a significant risk of international spread? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a significant risk of international travel or trade restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Assessment done by: Name and signature of the ESR Officer/Coordinator who prepared the report, designation and his/her contact details</p> |
| 13 Assessment | PHELC/ PHERC/ PHENC/ PHEIC |
| 14 Status of health event | If the health event is Ongoing, Controlled or Closed |
| 15 Actions taken | What was done? By whom? When? |
| 16 Assistance needed | Specific assistance needed, if there is any |
| 17 ESRU Action | To just continue monitoring or will assistance be provided, etc . . . |

| | | |
|----|--------------------------|--|
| 18 | Remarks | Other important information not elsewhere mentioned before |
| 19 | Who has been informed? | To whom the information have been shared (DOH offices, LHO, WHO and other stake holders) |
| 20 | Source(s) of information | Name, Office and contact numbers (landline/cellphone) |
| 21 | Prepared by | Name and signature of the ESR Officer/Coordinator who prepared the report, designation and his/her contact details |
| 22 | Reviewed by: | Click here to enter text. |
| 23 | Noted by: | |
| 24 | Approved by: | |

*Public Health Event of Local (L), Regional (R), National (N) Concern

** Public Health Emergency of International Concern (PHEIC); according to WHO-International Health Regulation Definition

***Captured by National ESR Staff

^Entries should be signed prior to release of verification form

DISCLAIMER: Every effort has been made to provide accurate, up-to-date information. However, the knowledge base is dynamic and errors can occur. By using the information contained in this list, the reader assumes all risks in connection with such use. The EB shall not be held responsible for errors, omissions nor liable for any special, consequential or exemplary damages resulting, in whole or in part, from any reader's use or reliance upon this material.





Epidemiology Bureau

Event-based Surveillance and Response (ESR)

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E-mail: esr.central@gmail.com

Follow-up Report

March 4, 2018

Classified Document:

This document is distributed only to limited number of DOH and selected NGO staff in order to improve common awareness on reports and rumours of events which may have national/ international implications. Please send new or additional information on this or other public health events.

Code:

| Document Status | INTERNAL |
|---|---|
| Type of Internal Document | VERIFIED |
| 1 Report date and time | Date this health event was reported to Surveillance Team |
| 2 Update No. | This reflects the number of follow-up reports received since Verification Report |
| 3 Verification report date | Date of verification report |
| 4 Date of previous report | Date indicated in the last verification/follow-up form |
| 5 Type of Health Event | Check what is applicable: <input type="checkbox"/> Suspect <input type="checkbox"/> Clustering <input type="checkbox"/> Outbreak <input type="checkbox"/> N/A If an outbreak, who validated? <input type="checkbox"/> EB-DOH <input type="checkbox"/> DOH-RESU <input type="checkbox"/> LGU <input type="checkbox"/> Others, specify: _____ Was a report made? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Health event | Update on the status of the health event (areas of involvement compared to the first reported case, changes in the pattern of the health event) |
| 7 Location | Complete address (number, Street/Barangay, municipality province) where the reported event was observed |
| 8 Start date | Date of start of event or date of onset of first case |
| 9 Number of cases # Previously Reported # of case/s <input type="checkbox"/> Added <input type="checkbox"/> Subtracted Total Cases as of date | Number of previously reported cases Number of case/s added or subtracted Number of case/s (Previously reported case/s + new case/s) |
| 10 Updated description of all cases | Pertains to new information about the cases reported. (Who? When? Where? Why?) |
| 11 Number of deaths # Previously Reported # of death/s <input type="checkbox"/> Added <input type="checkbox"/> Subtracted Total Deaths as of date | Number of previously reported deaths Number of death/s added or subtracted Number of case/s (Previously reported case/s + new case/s) |
| 12 Updated description of all deaths | Pertains to new information about the death/s reported. (Who? When? Where? Why?) |
| 13 Laboratory Examination | Is there a procedure done? <input type="checkbox"/> Yes <input type="checkbox"/> None Specimen collected: <input type="checkbox"/> Blood/serum <input type="checkbox"/> Stool/Rectal Swab <input type="checkbox"/> CSF Others: Pls specify other specimens collected Type of Examination done: Indicate what type of examination was done Result: Laboratory findings as to specimen collected from the event |
| 14 IHR Notification decision questions | Is the public health impact serious? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the event unusual or unexpected? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a significant risk of international spread? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a significant risk of international travel or trade restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No Assessment done by: Name of staff who made the assessment |

| | | |
|----|--------------------------|--|
| 15 | Assessment | PHELC/ PHERC/ PHENC/ PHEIC |
| 16 | Status of health event | If the health event is Ongoing, Controlled or Closed |
| 17 | Actions taken | What was done? By whom? When? |
| 18 | Planned Activities | Describe planned activities, if any |
| 19 | Assistance needed | Specify or put None if not needed |
| 20 | ESRU Action | To just continue monitoring or will assistance be provided, etc . . . |
| 21 | Remarks | Other important information not elsewhere mentioned |
| 22 | Who has been informed? | |
| 23 | Source(s) of information | Name, Office, Designation and the contact numbers of the person who gave the information |
| 24 | Prepared by: | Name and signature of the ESR Officer/Coordinator who prepared the report, designation and his/her contact details |
| 25 | Reviewed by: | Click here to enter text. |
| 26 | Noted by: | |
| 27 | Approved by: | |

*Public Health Event of Local (L), Regional (R), National (N) Concern

** Public Health Emergency of International Concern (PHEIC); according to WHO-International Health Regulation Definition

***Captured by National ESR Staff

^Entries should be signed prior to release of verification form



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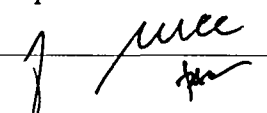
Minimum Public Health Standards or Non-Pharmaceutical Interventions Required of Communities and the General Public

| Mode of Transmission | List of Notifiable Diseases and Health Events of Public Health Concern | Minimum Public Health Standards or Non-Pharmaceutical Interventions (NPIs) Required of Communities and the General Public |
|--|--|---|
| <u>Direct Contact</u> <ul style="list-style-type: none"> • Skin-to-skin contact • Kissing • Sexual intercourse • Contact with soil, water, or vegetation harboring infectious organisms | <ol style="list-style-type: none"> 1. <u>Acute Viral Hepatitis</u> <ol style="list-style-type: none"> a. Hepatitis A virus (HAV) - sexual intercourse b. Hepatitis B virus (HBV) - sexual intercourse c. Hepatitis D virus (HDV) - sexual intercourse 2. <u>Anthrax</u> <ol style="list-style-type: none"> a. <i>Bacillus anthracis</i> 3. <u>Bacterial meningitis</u> <ol style="list-style-type: none"> a. Group B <i>Streptococcus</i> b. <i>Escherichia coli</i> c. <i>Neisseria meningitidis</i> 4. <u>Diphtheria</u> - touching open sores or ulcers <ol style="list-style-type: none"> a. <i>Corynebacterium diphtheriae</i> 5. <u>Hand-Foot-and-Mouth Disease</u> - skin-to-skin, kissing 6. <u>Leptospirosis*</u> <ol style="list-style-type: none"> a. <i>Leptospira</i> 7. <u>Meningococcal Disease</u> - kissing <ol style="list-style-type: none"> a. <i>Neisseria meningitidis</i> 8. <u>Rabies*</u> <ol style="list-style-type: none"> a. Rabies virus (RV) | <p><u>For Diseases Transmitted Through Direct Contact:</u></p> <ul style="list-style-type: none"> • Regular and thorough washing hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component; • Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently; • Avoiding close contact with sick persons; and • Isolating contagious persons. <p><u>For Viral Hepatitis:</u></p> <ul style="list-style-type: none"> • Practicing protected sex (e.g. using of condom during sex) <p><u>For Leptospirosis:</u></p> <ul style="list-style-type: none"> • Identifying and controlling the source of infection (e.g. open sewers, contaminated wells). • Controlling of feral reservoirs is often not feasible but control measures can be highly effective in small, defined animal populations (dogs, certified cattle herds). Selective rodent control may be important. • Interrupting transmission, thereby preventing infection or disease in the human host: <ul style="list-style-type: none"> ○ wearing protective clothes and equipment; ○ disinfecting contaminated surfaces such as stable and abattoir floors; ○ marking areas with increased risk exposure (warning signs). <p><u>For Rabies:</u></p> <ul style="list-style-type: none"> • Education on dog behaviour and bite prevention for both children and adults. |

| | | |
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| | | <ul style="list-style-type: none"> Increasing awareness of rabies prevention and control in communities includes education and information on responsible pet ownership. |
| <p><u>Droplet Spread</u></p> <ul style="list-style-type: none"> Spray with relatively large, short-range aerosols produced by sneezing, coughing, or talking | <ol style="list-style-type: none"> <u>Bacterial meningitis</u> <ol style="list-style-type: none"> <i>Haemophilus influenzae</i> type b (Hib) <i>Streptococcus pneumoniae</i> <u>Coronavirus Disease 2019 (COVID-2019)</u> <ol style="list-style-type: none"> Severe acute respiratory syndrome (SARS)-associated coronavirus 2 (SARS-CoV 2) <u>Diphtheria</u> <ol style="list-style-type: none"> <i>Corynebacterium diphtheriae</i> <u>Hand Foot and Mouth Disease</u> <u>Human Avian Influenza</u> <u>Influenza-like Illness (ILI)</u> <u>Severe acute respiratory syndrome (SARS)</u> <ol style="list-style-type: none"> SARS-associated coronavirus <u>Measles</u> <ol style="list-style-type: none"> <i>Measles morbillivirus</i> <u>Meningococcal Disease</u> <ol style="list-style-type: none"> <i>Neisseria meningitidis</i> | <ul style="list-style-type: none"> Regular and thorough washing of hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component; Covering the nose and mouth with a tissue when coughing or sneezing. Properly disposing of used tissue, and washing of hands thereafter; Cleaning with soap and water or a bleach-and-water or disinfectant solution of surfaces and objects that are touched frequently; Limited transport and movement of patients (e.g. use of portable diagnostic equipment and tools to limit the movement of patients from one place to another within the health facility); and Wearing of masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts. |

| | | |
|--|---|---|
| | <p>10. <u>Middle East Respiratory Syndrome (MERS)</u> a. Middle East respiratory syndrome coronavirus (MERS-CoV)</p> <p>11. <u>Pertussis (Whooping cough)</u> a. <i>Bordetella pertussis</i></p> | |
| <p><u>Airborne</u></p> <ul style="list-style-type: none"> Carried by dust or droplet nuclei suspended in air | <p>1. <u>Anthrax</u> a. <i>Bacillus anthracis</i></p> <p>2. <u>Coronavirus Disease 2019 (COVID-2019)</u> a. <u>Severe acute respiratory syndrome (SARS)-associated coronavirus 2 (SARS-CoV 2)</u></p> <p>3. <u>Human Avian Influenza</u></p> <p>4. <u>Influenza-like Illness (ILI)</u></p> <p>5. <u>Measles</u> a. <i>Measles morbillivirus</i></p> | <ul style="list-style-type: none"> Regular and thorough washing hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component; Covering the nose and mouth with a tissue when coughing or sneezing. Properly disposing of used tissue, and washing of hands thereafter; Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently; Increasing ventilation in all settings to reduce airborne transmission; Limited transport and movement of patients (e.g. use of portable diagnostic equipment and tools to limit the movement of patients from one place to another within the health facility); To do home quarantine or home isolation as advised by a medical professional or by the DOH's advisories; Avoidance of close contact with people who have symptoms of the disease; and Wearing of masks, or other personal protective equipment (PPE) as may be prescribed by the DOH or its local counterparts. |
| <p><u>Vehicle-borne</u></p> <ul style="list-style-type: none"> Food Water Biologic products Fomites | <p>1. <u>Acute Bloody Diarrhea - food/water</u> a. <i>Campylobacter</i> bacteria b. <i>Salmonella</i> bacteria c. <i>Shigella</i> species (bacillary dysentery) d. <i>Entamoeba histolytica</i> (amoebic dysentery) e. Enterohaemorrhagic <i>E. coli</i> (EHEC)</p> | <ul style="list-style-type: none"> Regular and thorough washing hands with soap and water, and if unavailable, regular disinfection of hands by using a sanitizer with at least 60% alcohol component; Cleaning with soap and water or a bleach-and-water solution or disinfectant of surfaces and objects that are touched frequently; Practicing good personal and food hygiene Access to safe drinking water. Drink bottled water when travelling as much as possible. |

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| | <p>2. <u>Acute Viral Hepatitis</u></p> <ul style="list-style-type: none"> a. Hepatitis A virus (HAV) - food/water b. Hepatitis B virus (HBV) - biologic products c. Hepatitis C virus (HCV) - biologic products d. Hepatitis D virus (HDV) - biologic products e. Hepatitis E virus (HEV) - water <p>3. <u>Anthrax</u></p> <ul style="list-style-type: none"> a. <i>Bacillus anthracis</i> <p>4. <u>Bacterial meningitis</u></p> <ul style="list-style-type: none"> a. <i>E. coli</i> b. <i>Listeria monocytogenes</i> <p>5. <u>Cholera</u></p> <ul style="list-style-type: none"> a. <i>Vibrio cholerae</i> <p>6. <u>Neonatal tetanus</u></p> <ul style="list-style-type: none"> a. <i>Clostridium tetani</i> - biologic products <p>7. <u>Paralytic Shellfish Poisoning</u> - food</p> <p>8. Typhoid and Paratyphoid Fever - food/water</p> <ul style="list-style-type: none"> a. <i>Salmonella enterica</i> serotype Typhi b. <i>Salmonella enterica</i> serotypes Paratyphi A, B [tartrate negative], and C [S. Paratyphi] <p>9. <u>Poliomyelitis (Acute Flaccid Paralysis)</u></p> <ul style="list-style-type: none"> a. Poliovirus - food/water | <p><u>For Viral Hepatitis:</u></p> <ul style="list-style-type: none"> • Using barrier contraception when engaging in sexual intercourse if currently infectious due to sexually transmitted infection; • Non-sharing of needles when administering drugs; • Avoiding use of an infected person's personal items; and • Taking precautions when undergoing tattooing or body-piercing procedures. |
| <p>Vector-borne</p> <ul style="list-style-type: none"> • Mechanical • Biologic | <p>1. <u>Dengue</u></p> <ul style="list-style-type: none"> a. Dengue viruses (DENV-1, -2, -3, and -4) | <ul style="list-style-type: none"> • Removing stagnant water in receptacles at least once a week; • Using screens on windows and doors to keep mosquitoes outside homes; and  |

| | | |
|--|---|--|
| | <p>2. <u>Acute Encephalitis Syndrome/Japanese Encephalitis</u> a. Japanese Encephalitis virus</p> <p>3. <u>Malaria</u> a. <i>Plasmodium</i> parasites (<i>P. falciparum</i>, <i>P. malariae</i>, <i>P. ovale</i> and <i>P. vivax</i>)</p> | <ul style="list-style-type: none"> Using mosquito bed nets, if screened rooms are not available when sleeping outside of an enclosed space. |
|--|---|--|

*Zoonotic

****The route of transmission of Acute Hemorrhagic Fever varies by specific virus. Some viral hemorrhagic fevers are spread by mosquito or tick bites. Others are transmitted by contact with infected blood or semen. A few varieties can be inhaled from infected rat feces or urine.**

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