Republic of the Philippines
Department of Education
NEGROS ISLAND REGION
DIVISION OF ESCALANTE CITY

DEPED SDO-ESCALANTE
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June 22, 2026

DIVISION MEMORANDUM
No. 241, s. 2026

REITERATION OF DIVISION MEMORANDUM NO. 365, S. 2025
STRENGTHENING PREVENTIVE MEASURES AGAINST
HAND, FOOT, AND MOUTH DISEASE (HFMD)

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisors
Public and Private Elementary and Secondary School Heads
Teachers-in-charge
School Health Coordinators
All Others Concerned

1. This Office reiterates the provisions of Division Memorandum No. 365, s. 2025, Strengthening Preventive Measures Against Hand, Foot, and Mouth Disease (HFMD), in view of the rising occurrence of HFMD cases in various communities and the need to maintain vigilance in preventing its spread within schools.

2. All school heads are reminded to ensure the continuous implementation of the preventive measures outlined in the aforementioned memorandum, including but not limited to:

a. promotion of proper handwashing and personal hygiene practices among learners and personnel;
b. regular cleaning and disinfection of classrooms, learning materials, toys, frequently touched surfaces, and school facilities;
c. health education and dissemination of information regarding the signs, symptoms, modes of transmission, and prevention of HFMD;
d. immediate referral of learners and personnel exhibiting symptoms suggestive of HFMD to appropriate healthcare providers; and
e. enforcement of appropriate exclusion measures for affected individuals as advised by health authorities.

3. Cooperation from all schools is likewise requested on the prompt reporting of newly identified suspected or confirmed HFMD cases among learners and personnel to the Division School Health and Nutrition Unit via tinyurl.com/HFMDEscalante for proper monitoring, documentation, and coordination with the concerned health authorities.

4. Immediate dissemination of and compliance with this Memorandum are desired.

PETER J. GALIMBA
Assistant Schools Division Superintendent
OIC- Office of the Schools Division Superintendent

M.K. ABELLA/ SGOD/ SHN
Reference : As stated
Enclosure : As stated
School Health: HFMD

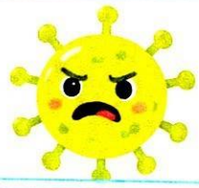
Enclosure No. 1

IWAS HFMD!

MALINIS NA KAMAY, MALUSOG NA BUHAY!

PROTECT OUR CHILDREN. PROTECT OUR SCHOOL.

Hand, Foot, and Mouth Disease (HFMD) is a common viral infection that usually affects young children, but can also occur in adults.
It spreads easily, but can be prevented.



CAUSE: VIRUSES
(Most commonly Coxsackievirus A16 and Enterovirus 71)

SIGNS AND SYMPTOMS

Symptoms usually appear 3 to 7 days after infection.

1. FEVER
2. SORE THROAT
3. PAINFUL SORES IN THE MOUTH
4. RED RASH OR BLISTERS ON THE HANDS
5. RED RASH OR BLISTERS ON THE FEET
6. MAY ALSO CAUSE LOSS OF APPETITE, IRRITABILITY, AND TIREDNESS

! Most cases are mild and get better on their own in 7 to 10 days. Consult a doctor if symptoms worsen or persist.

HOW TO PREVENT HFMD

- **WASH HANDS OFTEN** with soap and running water, especially after using the toilet, changing diapers, and before eating.
- **CLEAN AND DISINFECT** frequently touched surfaces, toys, and learning materials.
- **COVER MOUTH AND NOSE** when coughing or sneezing.
- **AVOID CLOSE CONTACT** with people who are sick.
- **DO NOT SHARE** eating utensils, cups, towels, and personal items.

WHAT TO DO

- **KEEP CHILDREN AT HOME** if they have fever, mouth sores, or rashes.
- **SEEK MEDICAL CONSULTATION** for proper diagnosis and treatment.
- **GIVE PLENTY OF FLUIDS** and ensure proper rest.
- **DO NOT SEND CHILDREN TO SCHOOL** until they are fever-free for 24 hours and cleared by a doctor.

Let's work together for a CLEAN, SAFE, and HEALTHY SCHOOL!

Bawat hakbang ng kalinisan, proteksyon sa lahat.

SOURCE: Department of Health (DOH) – HFMD Factsheet | www.doh.gov.ph | DOH Philippines

Republic of the Philippines
Department of Education
NEGROS ISLAND REGION
SCHOOLS DIVISION OF ESCALANTE CITY

July 22, 2025

DIVISION MEMORANDUM
No. 345, s. 2025

STRENGTHENING PREVENTIVE MEASURES AGAINST HAND, FOOT, AND MOUTH DISEASE (HFMD) IN SCHOOLS

TO: OIC - Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors/ Specialists
Public Elementary and Secondary School Heads/TIC's
WINS School Focal Person
All Others Concerned

1. In light of the increasing number of reported cases of Hand, Foot, and Mouth Disease (HFMD) among school-aged learners in various localities, this Office reiterates the importance of implementing heightened health and hygiene protocols to curb the spread of infection within school premises.

2. HFMD is a highly contagious viral illness that primarily affects children and may spread rapidly in school and daycare settings. To prevent transmission and safeguard the health of learners and personnel, the following policies and preventive measures must be strictly observed:

A. Daily Health Screening and Monitoring
   a. Ensure daily monitoring of learners for signs and symptoms prior to the start of class (fever, mouth sores, rashes on hands/feet, runny nose)
   b. Immediately send home identified individuals with signs and symptoms, to minimize spread
   c. Advise parents to keep symptomatic children at home until fully recovered and cleared by a medical professional

B. Temporary Isolation of Suspected/Confirmed Cases
   a. Isolate learners or personnel showing symptoms and refer them to health authorities
   b. Coordinate with Escalante Primary Care Facility/ CHO for immediate guidance and reporting

C. Promotion of Proper Hygiene Practices
   a. Reinforce regular handwashing with soap and water
   b. Utilize facemasks to reduce airborne droplets of infection to spread
   c. Provide hygiene kits/ access to soap and water in restrooms and classrooms

D. Regular Disinfection

a. Conduct routine cleaning and disinfection of classrooms, shared spaces, and commonly touched surfaces (tables, doorknobs, comfort rooms, etc.)

E. Information Dissemination
   a. Incorporate health education for learners, parents, and school staff regarding HFMD transmission, symptoms, and prevention
   b. Utilize infographics, school bulletin boards, flag ceremonies, and parent-teacher assemblies as platforms for health education

F. Coordination with LGUs and Health Authorities
   a. Strengthen linkages with local health offices for reporting, surveillance, and health response efforts
   b. Follow DepEd and DOH guidelines on infectious disease management in school settings

3. All WINS School Focal Persons are directed to submit a daily report at 2 PM of any suspected or confirmed HFMD cases to the School Health Section for monitoring and data consolidation via this link: https://tinyurl.com/HFMDEscalante.

4. For immediate compliance and wide dissemination.

PETER J. GALIMBA
Assistant Schools Division Superintendent
OIC- Schools Division Superintendent

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 28, 2022

DEPARTMENT MEMORANDUM
No. 2022 - 0572

FOR: **ALL UNDERSECRETARIES OF THE FIELD IMPLEMENTATION AND COORDINATION TEAMS, ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, MEDICAL CENTER CHIEFS / HEADS OF DOH HOSPITALS, AND OTHERS CONCERNED**

SUBJECT: **Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) Strategy for Hand, Foot and Mouth Disease (HFMD)**

I. BACKGROUND

Hand, foot, and mouth disease (HFMD) is a highly contagious viral disease affecting various life stages but occurs most often in childhood. Most HFMD cases are mild, self-limiting, and non-fatal if caused by the enterovirus Coxsackievirus A16 (CA16) but may progress to meningitis, encephalitis, and polio-like paralysis if left unmanaged, sometimes resulting in death, if caused by Enterovirus 71 (EV71). The latter led HFMD to be included as one of the priority diseases/ syndromes/ conditions targeted for surveillance under Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" with a category of ***immediately notifiable*** or Category I.

In 2022, reported HFMD clusters peaked in October with a total of 38 health events. As of November 27, 2022, 3,365 HFMD cases have been reported but there are no reported fatalities in the Philippines. This Department Memorandum is hereby issued to provide additional guidance on the management of HFMD in facility, community, household, and individual-based settings in addition to the guidelines available in the Omnibus Health Guidelines per Lifestage as disseminated through Department of Health (DOH) Department Circular No. 2022-0344, DOH Department Memorandum (DM) No. 2020-0097: "Guidelines on the Implementation of Hand, Foot and Mouth Disease Surveillance, Clinical Management and Preventive Measures", and its reiteration in DM No. 2022-0034.

Currently, the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy is being used to address HFMD and shall be the guiding principle in this issuance.

II. GENERAL GUIDELINES

A. Prevention

1. Perform mandatory hand washing with soap and water, and hand hygiene using alcohol-based sanitizer, in all opportunities and occasions, especially in the hospital and household settings;
2. Strengthen infection prevention and control measures in all settings;
3. Avoid sharing of personal items such as spoons, cups, and utensils;
4. Use appropriate personal protective equipment (i.e. properly fitted face mask, gloves, and gown) when caring for a patient with HFMD; and
5. Observe Minimum Public Health Standards (MPHS), especially when sneezing and coughing, as well as physical distancing.

B. Detection

1. Assess the presence of common clinical manifestations for HFMD such as fever, mouth sores, and papulovesicular skin rash, which is usually seen in the palms of the hands and soles of the feet but may also occur as maculopapular rashes without vesicles and may also involve the buttocks, arms, and legs;
2. Conduct history taking and complete physical examination, with particular attention on BP and HR measurement and neurologic examination to detect or elicit any warning sign of central and autonomic nervous system and cardiorespiratory system involvement (Annex A), which may warrant referral to a higher level of care;
3. Guidelines for public health surveillance are as follows:

   i. All primary care providers, clinicians and public health authorities shall report any suspect, probable, and confirmed case within 24 hours to the DOH through the Local Epidemiology and Surveillance Units (ESU)

   ii. Classify cases of HFMD following these prescribed definitions:
   - ***Suspect case*** - *Any individual, regardless of age, who developed acute febrile illness with papulovesicular or maculopapular rash on palms and soles, with or without vesicular lesion/ulcers in the mouth.*
   - ***Probable case*** - *A suspected case that has not yet been confirmed by a laboratory test, but is geographically and temporally related to a laboratory-confirmed case.*
   - ***Confirmed case*** - *A suspected/ probable case with positive laboratory result for human Enteroviruses that cause HFMD.*

   iii. Local ESUs shall report clusters of **all Suspect, Probable, and Confirmed cases** of HFMD immediately to the Event-based Surveillance and Response Unit of the Epidemiology Bureau

   iv. Specimen samples for laboratory confirmation shall be collected from reported clusters of HFMD cases

4. Laboratory confirmation of HFMD cases shall be done through Reverse Transcription Polymerase Chain Reaction (RT-PCR) of throat swab, vesicles, or stool. However, clinical diagnosis is often sufficient and the absence of a confirmatory laboratory test should not hinder the initiation of case management.
5. A completely filled out Case Report Form (Annex C) along with the specimen for laboratory confirmation shall be submitted to the Research Institute for Tropical Medicine (RITM)

C. Isolation

1. Isolate patients with HFMD following standard precautions with droplet and contact infection control procedures. HFMD is mainly transmitted through person-to-person contact, including contact with infected nose and throat secretions or respiratory droplets, infected fluid from blisters or scabs, and infected fecal material; and
2. Advise parents/guardians to ensure that children with suspect, probable, or confirmed HFMD should remain at home, avoid attending school, day-care facilities, or other face-to-face activities until the patient is already afebrile and all of his/her vesicles have dried up, and adhere to the advice of the Health Care Provider.

D. Treatment

1. Classify the patient's disease stage or severity. Patients with Uncomplicated HFMD may be managed in an out-patient setting, while more severe cases should be given emergent management and referred for admission and inpatient care in a higher level facility with specialists. The classification for disease severity may be found in **Annex A**.

    - **For Uncomplicated HFMD**:
        i. Provide supportive treatment and prevent dehydration by ensuring appropriate fluid intake; and
        ii. Provide over-the-counter medications such as Paracetamol for fever and painful sores; and
        iii. Advise the patient and the parent/guardian to seek medical consultation immediately if symptoms persist beyond 10 days, if the condition becomes severe or is accompanied by nervous system and cardiorespiratory signs and symptoms as shown in Annex A.

    - **For HFMD with CNS Involvement, Autonomic Nervous System Dysregulation, or Cardiopulmonary Failure**: provide basic emergency support and facilitate immediate referral and transfer to a hospital.

E. Reintegration

1. Individuals with uncomplicated HFMD usually recover in 7 to 10 days and can resume regular activities upon recovery. Advise them to continue practicing the Minimum Public Health Standards (e.g., mask-wearing, respiratory hygiene/ cough etiquette, physical distancing, and hand washing/ hand sanitation); and
2. Advise parents/guardians to prepare the child to return to school, day-care facilities, and attend other face-to-face activities depending on the assessment and advice of the attending physician.

For dissemination and compliance.

By Authority of the Secretary of Health:

BEVERLY LORRAINE C. HO, MD, MPH
OIC-Undersecretary of Health
Public Health Services Team

ANNEX A. WHO Warning Signs for CNS Involvement in HFMD

Warning signs of CNS involvement includes one or more of the following:	
Fever ≥ 39°C or for ≥ 48 hours	Limb weakness
Vomiting	Truncal ataxia
Lethargy	"Wandering eyes"
Agitation/irritability	Dyspnea/tachypnea
Myoclonic jerks	Mottled skin

ANNEX B. WHO Classification for Disease Severity in HFMD

Classification	**Criteria**
Uncomplicated HFMD	Patients with no warning signs **AND** any of the following: • Skin rash • Oral Ulcers
HFMD with CNS Involvement	Patients **with HFMD AND** any of the following: • Meningism • Myoclonic jerks • Ataxia, tremors • Lethargy • Limb weakness
HFMD with Autonomic Nervous System (ANS) Dysregulation	Patients **with CNS involvement AND** any of the following: • Resting Heart Rate at 150-170 bpm • Hypertension • Profuse Sweating • Respiratory Abnormalities (Tachypnea, Labored breathing)
HFMD with Cardiopulmonary Failure	Patients with **ANS Dysregulation AND** any of the following: • Hypotension/ Shock • Pulmonary edema/ hemorrhage • Heart Failure