



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

9 October 2020

DEPARTMENT CIRCULAR

No. 2020- 0343

TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; LYMPHATIC FILARIASIS ELIMINATION PROGRAM COORDINATORS; AND OTHERS CONCERNED

SUBJECT : Delivery of Routine LF Services under the National Filariasis Elimination Program (NFEP) during the COVID-19 Pandemic

Lymphatic Filariasis (LF) is part of the diverse group of Neglected Tropical Diseases (NTDs) that remain as a public health problem in the Philippines affecting marginalized and vulnerable groups like children, indigenous communities in LF endemic areas. The Philippines has committed to The LF Free ASEAN by 2020 and Goal 3.3 of the Sustainable Development Goals of ending the epidemic of LF by the year 2020.

Given the current challenges brought about by the COVID-19 pandemic, and mindful that further delays in the delivery of NTD services may negate the gains achieved by the National Filariasis Elimination Program (NFEP) in the last two decades, the Department of Health (DOH) has reiterated through Department Circular 2020-0167 otherwise known as the Continuous Provision of Health Services during the COVID-19 epidemic, the importance of maintaining essential health services during this crisis.

In response, the DOH through the NFEP issues this department circular on the delivery of routine LF Services such as the conduct of Mass Drug Administration (MDA), Sentinel and Spot Check Surveys and Transmission Assessment Surveys (TAS) including Morbidity Management and Disability Prevention (MMDP) and vector control in the affected communities and municipalities during the COVID-19 pandemic.

Moreover, this guideline should follow the minimum public health standards as per DOH Administrative Order No. 2020-0015: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation for Public Places.

Alongside this policy, all are enjoined to follow the provisions:

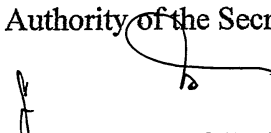
DOH Department Circular NO. 2020 – 0106: The Use of World Health Organization Interim Guidelines for Health Workers Exposure Risk Assessment and Management in the Context of COVID 19 with strict compliance to Infection Prevention and Control Protocols as provided for in DOH Department Memorandum NO. 2020-0157 Re: Guidelines on Cleaning

and Disinfection in Various Settings as an Infection Prevention and Control Measure against COVID 19

DOH Department Memorandum No. 2020- 0208: Interim Guidelines on Enhancing Infection Prevention and Control Measures through Engineering and Environmental Control in the Health Facilities and Temporary Treatment and Monitoring Facilities during the COVID 19 Pandemic before embarking and planning to operationalize delivery of LF services in the field.

“Dissemination of the information to all concerned is hereby requested.”

By Authority of the Secretary of Health:


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Undersecretary of Health
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ANNEX A. DEFINITION OF TERMS

I. DEFINITION OF TERMS

1. **Routine LF Services** – is defined as the comprehensive intervention required for individuals and the community to address the issue of Lymphatic Filariasis. Routine LF Services are essential to interrupt the transmission of LF, prevent further morbidity and disability, collectively, when done consistently, to the greatest extent possible, covering significant segments of the population, can eventually lead to the elimination of LF as a public health problem.

Routine LF Services include:

1. Mass Drug Administration;
2. Surveillance
 - 2.1. Sentinel and Spot Checks,
 - 2.2. Transmission Assessment Surveys,
 - 2.3. Border Operations
3. Selective Treatment of LF Cases;
4. Morbidity Management and Disability Prevention (MMDP);
5. Vector Control

1. LF Mass Drug Administration

is the annual administration of anti-filarial medicines given through **an individual-based approach at the community level**, in a longer **period of time**. This is in contrast to the usual month-long Mass Drug Administration campaign wherein large number of people are given preventive chemotherapy drugs for LF in a shorter period of time.

2. Surveillance

Is a scientifically rigorous method of investigation using microscopy and rapid diagnostic tests that provides rigid evidence of presence of individual LF infection and, collectively, on-going community transmission, prevalence, absence and recrudescence of LF. There are different methods of LF surveillance and evaluation of interventions namely:

a. Sentinel Surveillance

A method of determining the effect of an intervention in a certain program area through a survey conducted from at least 300 or 500 people 10 years old and above in an area considered of high transmission (high disease or parasite prevalence and if known, an area where difficulty in achieving drug coverage is anticipated or an area that would most likely require the longest period of time for interruption of transmission also called otherwise as a **Sentinel Site**, which would be the same / fixed site to be evaluated throughout the course of the program.

Upon the completion of the first year of MDA, a **Spot Check** survey conducted from at least 300 or 500 people 10 years old and above in a site that is randomly selected in the program area providing more information on the effect of the intervention complementing the Sentinel Site survey results. While Sentinel sites are fixed evaluation sites, Spot Check sites may vary from every period of evaluation.

b. Transmission Assessment Surveys:

A survey designed to measure whether evaluation units have lowered the rate of transmission of infection to a level that recrudescence is unlikely to occur, even in the absence of MDA interventions. TAS is usually done three times after the 5th round of MDA with two to three - year intervals.

c. Border operations

Strategically planned surveys to evaluate progress of interventions in a certain program geographic area usually contingent to adjacent areas with the same vulnerability and characteristics for program planning.

3. Selective Treatment of LF Cases and contact tracing

An focused and individualized clinical treatment of cases identified through/from the results of LF diagnostic testing and evaluation of a health worker in the field by administering a single dose of 400mg Albendazole followed by twelve days of DEC, this will include treatment of identified LF test positive contacts and/or providing preventive chemotherapy to contacts of diagnosed index cases provided with selective treatment .

4. Morbidity Management and Disability Prevention (MMDP);

MMDP is an essential process and part of the NFEP using clinical and diagnostic laboratory parameters

5. Vector Control

Is one of the program component supportive measures for filaria control and elimination by controlling and monitoring mosquito density reducing LF transmission in a given area. Methods for vector control include , Insecticidal Zooprophyllaxis (IZ), Carabao Bait Trap (CBT) and the Man-Biting Collection

ANNEX B: PROCEDURE FOR THE DELIVERY OF ROUTINE LF SERVICES

I. Strategic Approaches to Deliver Routine LF Services in the field.

DM 2020- -XXXX--- or the Interim Guidelines on The National Filariasis Elimination Program during the COVID-19 Pandemic prescribes the suspension of Mass Drug Administration (MDA) and delivery of LF services until further notice. While MDA and/or **routine LF services** and campaigns are not yet being implemented, the same guideline prescribes the use of a community-based individual approach to deliver routine LF MDA and LF services among children ages 2 years old and above while maintaining physical distancing and appropriate Infection Prevention Control (IPC) measures.

In relation to this, the NFEP further provides this specific operational guidance on the delivery of **routine LF services** through either of the following approaches: a) Fixed Site Administration or b) Outreach Campaigns through Home Visits.

1. Fixed Post Approach

facility-based provision of **routine LF services** like barangay health centers, barangay outposts, private clinics, churches, house, and the like who are capable of delivering this service. This shall be conducted in accordance to existing infection, prevention and control measures against COVID-19.

2. Outreach or Home Visit Approach

house-to-house provision of **routine LF services**. This shall be conducted in accordance to existing infection, prevention and control measures against COVID-19.

II. Pre-Administration Phase

The following standard procedures must be observed in preparation to the conduct and delivery of **routine LF services/activities**:

1. Inventory of MMDP Disability Kits, LF Drugs, Test Kits, reagents where appropriate and testing paraphernalia to be administered to ensure adequacy and availability for the routine LF services.
2. Inform parents or caregivers of the following respective routine LF service population targets such as:
 - a. **children 2 years and above** to be given MDA;
 - b. **children 10 years and above** to be tested in the **Sentinel and Spot Check Sites**;
 - c. **children 6 to 7 years old** to be tested in the **Transmission Assessment Survey**
Signed informed consent or prior approval are not required for the procedure .

3. Preparation of records (master list) of the **eligible individuals and households** for the relevant **Routine LF Services** and reports for consolidation of accomplishments to be submitted online to higher level facility.
4. Conduct advocacy and sensitization campaigns through public announcements and orientation on the benefits of delivering **Routine LF Services** including other pertinent information related to prevention and control of COVID-19.
5. Remind parents/caregiver on the scheduled drug administration 1-2 days prior via public announcement and if possibly confirmation and advise to bring their own clean drinking water and container/ receptacle where drugs for **LF MDA and Selective Treatment** will be placed.
6. Identify facilities and/or networks that would cater to referrals of severe adverse events following LF drug administration and COVID-19 related cases.
7. Provide training and ensure that health workers are practicing the most updated Infection Prevention and Control (IPC) and physical distancing measures as per Department of Health Administrative Order No. 2020-0015 Re: Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation for Public Places as well as the benefits and process of MDA.

For the **fixed site approach**, the following measures must be instituted to comply with the minimum public health standards to mitigate the risk of COVID-19 transmission:

1. Coordinate with the Local Government Units (LGUs) for assistance to do the following:
 - a) Identify strategic fixed post considering the risk classification of areas with ongoing community transmission of Covid-19. Assess the risk-benefit and appropriateness of implementation of **relevant routine LF services** taking into account safety protocol and infection prevention control measures to avoid further transmission of COVID-19.
 - b) Install and prepare the following administrative and engineering controls prior to the actual schedule:
 - (1) Placement of makeshift handwashing facilities, hand sanitizers and dispensers with an alcohol-based solution in all entrances and exits.
 - (2) Placement of red marking tapes on the floor to guide individuals to stay at least one meter apart from each other. This includes placement of chairs with at least one-meter distance in the waiting areas.
 - (3) Establish a uni-directional flow within the area (one entry, one exit) by posting signages to minimize unnecessary contacts among patients and staff.
 - (4) Post signages in conspicuous places reminding clients visiting any fixed-post facility act to always wear a mask. For asymptomatic and healthy individuals, cloth masks are advised
 - (5) Placement of foot baths in all entrances (1:10 bleach) solution; 1 litre bleach mixed with 9 litres of clean water)
 - (6) Appropriate scheduling of appointments/visit with a maximum number of 10 clients per day to ensure physical distancing and avoid overcrowding in waiting areas by informing parents and caregivers.

For the **outreach or home visit approach**, the following measures must be instituted to comply with the minimum public health standards to mitigate the risk of COVID-19 transmission:

Inform caregivers, parents and children that if possible, the distribution drugs for LF MDA and Selective treatment to include where appropriate, the conduct of testing and rapid diagnostic tests for LF, and MMDP procedures will be performed outside the household or in an open well-ventilated space.

Inform caregivers and parents to prepare a container or receptacle outside the household where drugs for LF MDA and Selective treatment will be placed by health workers during house to house visits.

Remind caregivers, parents and children to practice IPC measures such as regular hand hygiene, proper respiratory etiquette, wearing of masks and physical distancing during the delivery of routine LF services.

III. Post-Administration Phase

Health workers are asked to report and record LF MDA accomplishment and LF operations using either the revised recording and reporting forms of the NFEP or the Neglected Tropical Diseases Management Information System (NTDMIS).

Observe for any adverse event following LF MDA based on DOH Administrative Order NO. 2005 -0004 (Guidelines in the Management of Adverse Reactions to Anti Filarial Chemotherapy MDA) and institute appropriate action for referral, management and treatment.