



Republic of the Philippines
Department of Education
 REGION I
 SCHOOLS DIVISION OF VIGAN CITY

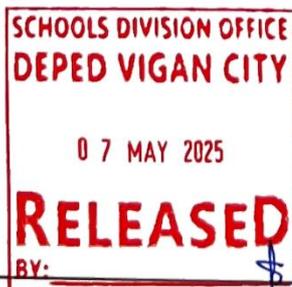
DIVISION MEMORANDUM

No. 250, s.2025

**DISSEMINATION OF THE INTERIM GUIDELINES IN CONTAINING MEASLES
 OUTBREAK IN ALL PRIMARY CARE FACILITIES, HOSPITALS, LOCAL
 GOVERNMENT UNITS AND SCHOOL SETTINGS**

To: Assistant Schools Division Superintendent
 Chief Education Supervisors – SGOD and CID
 Public Elementary and Secondary School Heads
 All Others Concerned

1. In connection with Regional Circular No. DOH Ilocos CHD 2025 – 0045 “Interim Guidelines in Containing Measles Outbreak in All Primary Health Care Facilities, Hospitals, Local Government Units and School Settings”, the Schools Division of Vigan City disseminates the said Regional Circular for your information and guidance.
2. Anent this, schools are advised to adhere to the following to reduce/stop the transmission of measles:
 - a. Educate learners of methods to minimize spread of the disease
 - b. Advice learners with flu-like symptoms (fever, body malaise, cough, colds) to stay at home and observe for development of rashes in the next 3-4 days.
 - c. Advice learners with measles to remain isolated until 4 days after the appearance of rashes.
 - d. Promptly isolate suspected cases and refer students to the nearest facility/health center for proper case investigation.
 - e. Encourage all grade 1 and 7 school learners to receive the MR (Measles-Rubella) vaccine.
3. Attached is a copy of the memorandum for your reference.
4. Widest dissemination of this memorandum is desired.



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 Schools Division Superintendent



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Republic of the Philippines
DEPARTMENT OF HEALTH
ILOCOS CENTER FOR HEALTH DEVELOPMENT



May 2, 2025

REGIONAL CIRCULAR
NO. DOH Ilocos CHD 2025- 0045

TO: ALL MEDICAL CENTER CHIEFS OF DOH RETAINED HOSPITALS, PROVINCIAL HEALTH OFFICERS, MUNICIPAL HEALTH OFFICERS, COMMUNICABLE DISEASE PROGRAM COORDINATORS, IMMUNIZATION PROGRAM COORDINATORS, SURVEILLANCE OFFICERS, SCHOOL COORDINATORS, AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines in Containing Measles Outbreak in all Primary Care Facilities, Hospitals, Local Government Units, and School Settings

I. RATIONALE

Measles is an acute viral respiratory illness characterized by fever and malaise, cough, coryza, and conjunctivitis, skin rashes lasting more than three (3) days. It is transferred from person to person by sneezing, coughing, and close personal contact.

The Regional Epidemiology and Surveillance Unit noted a total of 142 suspected Measles-Rubella as of Morbidity Week 14 (April 6, 2025). This is 167.9% higher than the number of cases reported in the same period in 2024. The most commonly affected age group were 9-12 months and 0-8 months children, equivalent to 37 (26%) and 31 (22%), respectively.

In addition, Region 1 reported 17.13% Fully Immunized Children as of the 1st quarter of 2025, representing 17,980 children aged 0-12 months who received the recommended vaccines in the Immunization Schedule. This leaves unvaccinated children vulnerable to vaccine-preventable diseases (VPDs).

To immediately address the ongoing transmission and control the occurrence of a wider measles outbreak, all health facilities must implement infection control measures.

II. SCOPE AND COVERAGE

This issuance provides guidelines on the management of suspected and confirmed measles cases in primary healthcare units, hospitals, and school settings.

III. DEFINITION OF TERMS

A. Measles-Rubella Case Definition (Based on Department Memorandum 2024-0333, titled 'Clarification on the Use of Case Definition of Mandatory

Notifiable Diseases)

- a. **Suspect Measles-Rubella 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)
- b. **Laboratory-Confirmed Measles Case** - 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).
- c. **Epidemiologically Linked Confirmed Measles Case** - A suspect measles case that has not been confirmed by a laboratory but temporally and geographically related with dates of rash onset occurring between 7-23 days apart from a laboratory-confirmed case or another epidemiologically confirmed measles case.
- d. **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.
- e. **Non-measles/ Discarded Case** - A suspect case that has been investigated and discarded as a non-measles 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.
 - Epidemiology linkage to a laboratory confirmed outbreak of another communicable disease that is not measles
 - Confirmation of another etiology
- f. **Selective Catch-up Immunization**- ensuring that individuals who missed routine vaccinations receive the necessary doses to complete the vaccine series (e.g. A child who missed MCV2, to receive 2nd dose of MCV to complete the 2 doses).

IV. IMPLEMENTING GUIDELINES

A. Primary Care Facilities

1. Triage

- a) No cases, whether suspected or confirmed measles, shall be refused;
- b) Consider measles in the differential diagnosis of patients with

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- clinically competitive symptoms;
- c) Provide a fast lane and separate triage and waiting area for suspected measles cases;
 - d) Provide all suspected cases with masks, N95 masks if available, upon entry to the special designated area;
 - e) Ensure that all are required to keep masks on until immunization status and infection status are confirmed.

2. Assessment and management by primary care provider

- a) Perform quick assessment, proper care and management using the standard operating procedures.
- b) If suspected measles with no complications, advise patient to:
 - (1) Stay home and limit contact with other people until 5 days after rash appears (measles cases are contagious 4 days before and 4 days after rash appears);
 - (2) Wear a mask and avoid contact with other susceptible persons (i.e. children, pregnant women, immunocompromised);
 - (3) Watch out for signs and symptoms of complications (such as severe diarrhea, pneumonia, etc.) and immediately refer to the hospital once these appear.
- c) If suspected measles with complications:
 - (1) Fill out referral forms indicating diagnosis of suspected measles and noted complications;
 - (2) Ensure availability of isolation room/ bed at referral facility prior to transfer;
 - (3) Advise close contacts of the patient to wear mask at all times (preferably N95).
- d) All hospitals admitting any measles and rubella suspected cases should be highly cautious regarding the potential spread of measles to other patients and staff.
- e) Strong hospital infection control, including isolation of cases should be in place.
- f) Observe standard precautions, such as hand hygiene and respiratory hygiene with cough etiquette at all times.
- g) Ensure availability of hand hygiene facilities and supplies in areas where suspected and confirmed patients are being managed.

B. Personnel

- 1. Health care personnel susceptible to contracting measles shall not enter the room of a patient with suspected or confirmed measles.
- 2. Health care personnel attending to suspected patients shall:
 - a) Use masks at all times, N95 masks if available;
 - b) Wear hospital gown or change clothes after shift, i.e. clothes worn during contact with patient should not be worn outside;
- 3. Hospital staff are also encouraged to have their immunization status

complete with Measles and Rubella Vaccine.

C. Areas with Reported Confirmed Cases

1. All Local Governments Units (LGUs) shall conduct a selective catch-up immunization (missed children only) and ensure at least 2 routine MCV dose is administered to all children aged 9-23 months old and intensify measles surveillance until December 31, 2025.
2. All children 9-11 months with zero (0) dose of MCV should immediately receive 1 dose of MMR. These targets should be included in the Target Client List (TCL), and a second dose of MMR should be given at 12 months, to complete the 2 doses.
3. All children 9 months old 12 months old with only one (1) dose shall be given the 2nd dose of MMR at 12 months following the national immunization schedule.
4. Children 13-23 months old with zero dose or one (1) dose shall be given Measles Rubella (MR) vaccine until he/she completes 2 doses of measles vaccine. Observe the 28 days interval from the last dose;
5. Contacts of measles/ rubella suspects shall be given with 1 dose of MR vaccines, *only IF* supply is available. In the event that MR vaccines are limited, vaccines should prioritize 24-59 months children;
6. All MMR vaccines shall be reserved for 9-12 months children, while MR vaccines may be utilized for other age group;
7. Conduct catch-up immunization for other antigens based on the catch-up algorithm of the national immunization program.

D. Prevention of Transmission in School Settings

School teachers/ officials shall implement the following critical measures:

1. Educate learners of the methods to minimize spread of the disease.
2. Advise learners with flu like symptoms (fever and body malaise, cough, colds) to stay at home and observe for development of rashes in the next 3-4 days.
3. Advise learners with measles to remain isolated until 4 days after the appearance of rashes.
4. Promptly isolate suspected cases and refer students to the nearest facility/ health center for proper case investigation.
5. Encourage all Grade 1 and 7 school learners to receive the MR vaccines during school-based immunization activities.

E. All others areas without reported confirmed cases

1. Ensure all children aged 9-23 months old receive at least 2 doses of measles containing vaccine at the recommended immunization schedule and recorded in the TCL.
2. Conduct catch-up immunization for other antigens based on the catch-up algorithm of the national immunization program.

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F. Recording and Reporting

1. All children 9-23 months given the dose of MCV shall be recorded in the Target Client List (TCL) and in the Mother and Child Book (MCB)/ Immunization Card.
2. All children and contacts above 24 months of age given with MCV shall be recorded in a separate recording form, log book or other information system as required by the National Immunization Program.

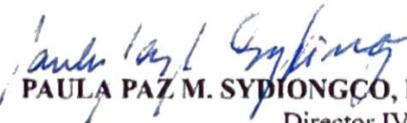
G. Intensify Surveillance

1. Case detection and timely reporting of additional cases.
2. Collection of serum and oropharyngeal/ nasopharyngeal swabs from all suspect cases.
3. Ensure completeness of Case Investigation Form.
4. Coordinate with Immunization Coordinators to validate immunization status.
5. Regular data analysis and feedback.

V. REFERENCES

1. DOH Department Memorandum 2019-0064: Guidelines in Containing Measles Outbreak in all Primary Care Facilities and Hospitals
2. DOH Department Circular 2019-0051: Advisory on Measles Outbreak
3. DOH Memorandum 2024-0375: Conduct of Intensified and Catch-up Imm Immunization Activities for All Life Stages
4. Department Memorandum 2024-0333, titled 'Clarification on the Use of Case Definition of Mandatory Notifiable Diseases

Strict implementation and dissemination to all concerned is requested.


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