



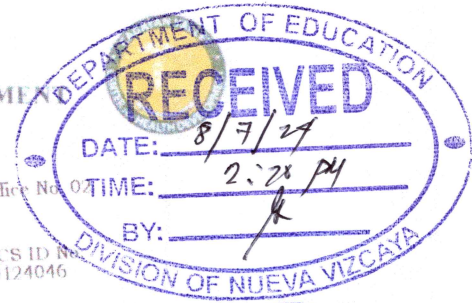
Republic of the Philippines
Department of Health

CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT

July 29, 2024

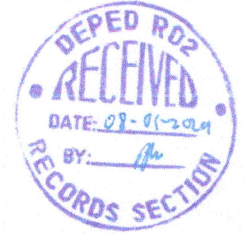
ADVISORY 2024-03

DepEd Regional Office No. 2



DOCS ID No. 080124046

Created by: Records
Date Created: 08/01/2024



FOR : All Government Agencies
All City / Rural Health Units
All Development Management Officers
All Dengue Coordinators
All Concerned

FROM : AMELITA M. PANGILINAN, MD, MPH, CESO III
Director IV *gp*

SUBJECT : Reiteration on the Nationwide Implementation of the Enhanced 4S strategy against Dengue

With the increasing number of Dengue Cases in the region, all concerned are hereby directed to conduct and implement the enhanced 4S strategy to control, mitigate and prevent Dengue Outbreaks in the region. The 4S in the "Enhanced 4S" strategy stands for; Search and destroy mosquito breeding sites; Secure self-protection; Seek early consultation; and Support fogging/spraying only in hotspot areas where increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

Based from the Regional Epidemiology and Surveillance Unit report, from January 1, 2024, to July 20, 2024, a total of 3,115 dengue cases including 7 deaths has been recorded which is 9% higher compared to the same period last year. This significant increase in both cases and fatalities highlights the urgent need for enhanced preventive measures.

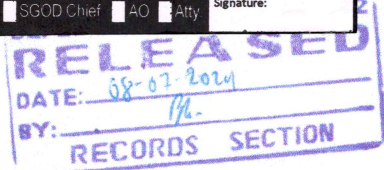
Attached is the copy of Administrative Order No. 2018-0021 and Memorandum for your information and reference.

For any inquiry, you may contact **Mr. Jellico Bryan T. Cabatotan, RN, MSN**, Regional Dengue Coordinator at 0917-137-0704 or you may email us at vectorbornediseases2022@gmail.com.

For information and widest dissemination.

Thank you.

MEMORANDUM		Date: 8/19/24	Released (Records):
To:	<input checked="" type="checkbox"/> PSDS/DICs	<input checked="" type="checkbox"/> Elem/Sec School Heads	
	<input checked="" type="checkbox"/> Private Schools	<input type="checkbox"/> Others:	
For:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Dissemination	
	<input type="checkbox"/> Guidance	<input type="checkbox"/> Strict Compliance	
ORLANDO E. MANUEL PhD., CESO V Office of the Schools Division Superintendent			
By:	<input type="checkbox"/> ASDS	<input type="checkbox"/> CID Chief	<input type="checkbox"/> SGOD Chief
	<input type="checkbox"/> AO	<input type="checkbox"/> Atty.	Signature:



August 7, 2024

To: SCHOOLS DIVISION SUPERINTENDENTS

Attn: Medical Officers

For your information and appropriate action.

[Signature]
BENJAMIN D. PARAGAS PhD, CESO III
Director IV/Regional Director



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



31 May 2024

MEMORANDUM

FOR: **ABDULLAH B. DUMAMA, JR., MD, MPA, CESO I**
Undersecretary of Health
UHC Health Services Cluster (UHC-HSC), Area IV and National Lead

FROM: **GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA**
Undersecretary of Health
Public Health Services Cluster

SUBJECT: Advisory Guidance in Anticipation on Possible Increase in Cases of Dengue and Leptospirosis During the Rainy Season

I. SITUATIONER

A. Dengue Cases

Recent data from the Department of Health's continuous monitoring shows that from January 1, 2024, to May 18, 2024 (Morbidity Week 20), there were 63,763 dengue cases, including 179 deaths, with a 0.28% Case Fatality Rate. While the overall trend indicates a slow decline, current cases exhibit a similar pattern to 2023 before the continuous increase in subsequent weeks. Additionally, 42 provinces have shown an increase in cases over the recent 3-4 weeks compared to the previous 5-6 weeks.

B. Leptospirosis Cases

From January 1, 2024 to March 16, 2024, there were a reported 737 cumulative cases of leptospirosis with 58 deaths. The number of cases of leptospirosis is expected to increase due to the impending wet season and anticipated exposure to floodwaters for those residing in flood-prone areas. As a reference point, during the wet season of last year a total of 4,940 cases of leptospirosis were reported, spanning from June 1, 2023 to December 31, 2023. This 520 deaths due to leptospirosis leading to a case fatality rate of 10.52%.

II. GUIDANCE AND ACTIONS TO BE TAKEN

Given these observations, it is imperative that we take proactive measures to prevent and control a potential surge in cases. We would like to reiterate to the Centers of Health Development (CHD) and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao to simultaneously keep an eye on the need to strengthen the strategies for Dengue and Leptospirosis, given the anticipation of the upcoming rainy season wherein incidence of these diseases have been observed to rise. In line with this, we request for your assistance

and cooperation in ensuring implementation that the following measures are in place to prevent the surge in cases of dengue and leptospirosis cases.

A. Dengue

1. Prevention and Control

- a. Continuous advocacy and sustained implementation of the Enhanced 4-S Strategy to ensure anticipated outbreak would be curbed in all regions. Refer to Administrative Order No. 2018-0021 entitled "*Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy Against Dengue, Chikungunya, and Zika,*" and its amendment for guidance.
- b. Close monitoring of respective provinces, cities, and municipalities that show increase or close approximation in cases compared to the same period.
- c. Installation of insecticide-treated nets in schools, rural health units, dengue wards, and other health facilities

2. Dengue Surveillance

- a. Dengue was included as a notifiable disease under RA No. 11332 and AO No. 2021-0057. All cases in disease reporting units who follow the Dengue standard case definitions should be reported through the Philippine Integrated Disease Surveillance and Response (PIDSR) System (Annex A).
- b. Disease surveillance shall be strengthened at all levels, including hospitals, to ensure immediate case detection, quality surveillance data, and laboratory confirmation.
- c. Disease reporting units shall **submit weekly reports** to the next higher-level Epidemiology and Surveillance Units (ESUs) using the Dengue Case Report Form, following the reporting flow of the PIDSR system.
- d. Any unusual or continued increase in cases and/or deaths, or clustering of dengue cases, shall be immediately investigated and reported to the next higher ESU and to the EB Event-based Surveillance and Response (ESR) Unit. Initial response and surveillance activities shall be conducted by local levels in coordination with the concerned CHD and agencies.

3. Vector Surveillance

- a. Vector surveillance activities are crucial and shall be the main responsibility of Local Government Units (LGUs). The CHDs shall support LGUs in these efforts by coordinating closely with City/Municipal/Provincial Health Officers and ensuring the provision and necessary augmentation of Dengue supplies and commodities to health facilities. Key vector surveillance activities include:
 - i. Identifying major breeding sites and destroying them.
 - ii. Monitoring high-risk areas based on vector population using Aedes Vector Surveillance Indices (eg. Breteau Index, and House Index).
 - iii. Monitoring fluctuations in the vector population to provide early warning of an impending outbreak.
 - iv. Providing evidence for recommending prevention and control measures.
 - v. Assessing the impact of vector control measures.
- b. Refer to the *National Aedes-borne Viral Diseases Prevention and Control Program (NAVDPCP) Manual of Operations* (<https://tinyurl.com/NAVDPCP-Files>). Volume 2. *Vector, Virus and Case Surveillance* for the operational procedure of the different vector surveillance methods for your guidance.

4. Outbreak Preparedness and Response

- a. Strengthen and integrate the Phases of Outbreak Preparedness and Response (Annex B), before an outbreak occurs. Refer to the checklists in Department Memorandum No. 2019-0315: "*National Dengue Epidemic*" for guidance during monitoring.

5. Screening, Diagnosis, and Management

- a. All suspected cases shall be tested with Dengue NS1 Rapid Diagnostic Test, especially those individuals presenting within 3 days of symptom onset, and patients with no previous history of dengue infection.
- b. Refer to the following updated guidelines on dengue (<https://tinyurl.com/UpdatedDengueGuidelinesPH>):
 - i. (1) *Clinical Practice Guideline on the Diagnosis, Management and Prevention of Dengue for Adult and Pediatric Filipinos in the Primary Care Setting* for the updated recommendations on interventions for dengue for specialist and general practitioners who are primary care providers; and
 - ii. (2) *Omnibus Health Guideline for Adults 2023 - Specific Guidance for Common and High Burden Diseases in Adults: Dengue* for the guidance on detailed evidence-based standards on dengue presenting at primary care, and encompasses the signs, symptoms, and the disease specific spectrum of care until referral.

B. Leptospirosis

1. Promotive and Preventive Interventions

- a. Communication materials with the following key messages on individual and self-protection measures to prevent Leptospirosis shall be disseminated to the general public and local government units (LGUs) through digital and non-digital platforms:
 - i. Practicing good personal hygiene
 - ii. Cleaning of wounds on legs and feet
 - iii. Avoiding wading in dirty flood water or in potentially contaminated bodies of freshwater
 - iv. Wearing protective gear (e.g., boots, raincoats, or any protective footwear)
 - v. Wash feet immediately with clean water and soap after in contact with flood water
 - vi. Avoid drinking water from possible contaminated water sources
- b. The following environmental sanitation interventions and activities shall be implemented in collaboration with partners and stakeholders, especially in high-risk communities:
 - i. Searching and destroying rats' habitats
 1. Use of vermin/ rodent control (e.g., traps, poisons, removal of temporary habitats)
 2. Good animal husbandry/ raising/ livestock farming (sanitation in farms and institutions)
 3. Conduct regular inspections of vermin/rodent activity
 - ii. Search and clear drainage and canals
 1. Regular declogging and cleaning of drainage systems and canals
 2. Proper solid waste management
 - iii. Ensure safe food and potable drinking water

1. Drink water from approved water sources.
 2. Store food and drinking water with cover to ensure the safety of food and drinking water
-
2. **Reminder to prepare and preposition necessary commodities for the anticipated increase in cases of leptospirosis**
 - a. Please cascade to local government units, including provincial DOH offices and provincial health government offices the prepositioning of treatment and prophylaxis commodities for leptospirosis:
 - i. Doxycycline
 - ii. Amoxicillin
 - iii. Erythromycin
 - iv. Azithromycin
 - b. Pursuant to the DOH Devolution Transition Plan 2022-2024, the procurement of public health commodities for leptospirosis are among the devolved functions to our LGUs.

III. Risk Communication and Community Engagement

- A. Conduct of advocacy interventions for all provinces, highly-urbanized cities and independent component cities (P/HUC/ICC) using information in the community toolkit deck. The deck and communication materials (radio advertisement, broadcasters' manual, etc) may be localized to include information relevant to the P/HUC/ICC.
- B. Optimize both online and non-online platforms, with special emphasis on community-level platforms to disseminate our communication products. All materials will be made accessible through bit.ly/RainySeasonDiseases.

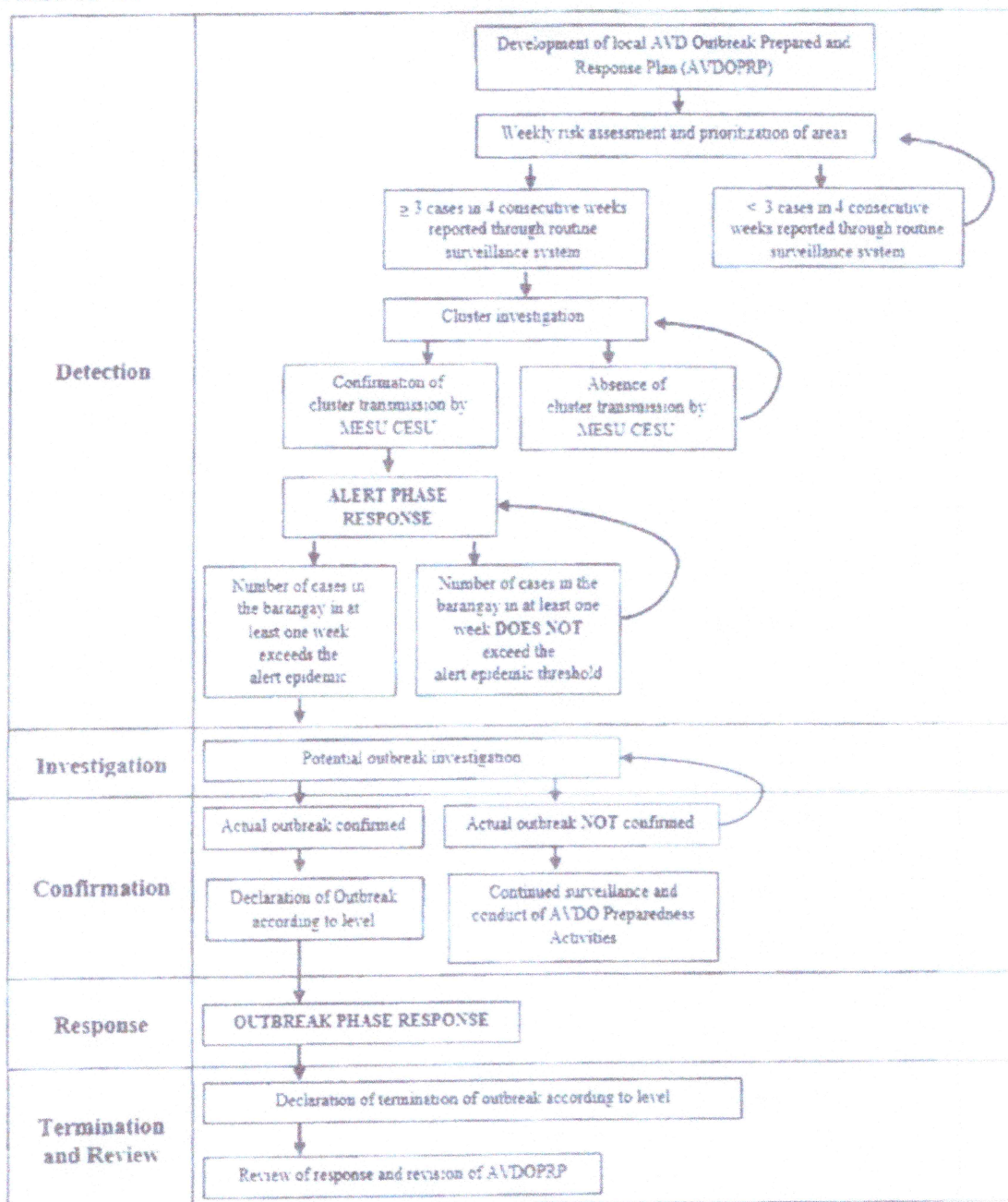
For your guidance and dissemination to all concerned.

Thank you very much.

ANNEX A. DENGUE CASE CLASSIFICATIONS

Suspect	Probable	Confirmed
<p>A previously well person with acute febrile illness of 2-7 days duration plus two of the following:</p> <ul style="list-style-type: none"> • headache • body malaise • myalgia • arthralgia • retro-orbital pain • anorexia • nausea • vomiting • diarrhea • flushed skin • rash (petechial, Herman's sign) 	<p>A suspect plus any of the following:</p> <ul style="list-style-type: none"> • Leucopenia as per complete blood count (CBC); OR • Dengue NSI antigen test; OR • Dengue IgM antibody test 	<p>Positive from any of the following:</p> <ul style="list-style-type: none"> • Viral culture isolation; OR • Polymerase Chain Reaction

ANNEX B. DIAGRAM OF DENGUE OUTBREAK PREPAREDNESS AND RESPONSE





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUL 25 2018

ADMINISTRATIVE ORDER
No. 2018- 0021

SUBJECT: Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy against Dengue, Chikungunya and Zika

I. RATIONALE

Dengue continues to cause severe health, social and economic impacts in the country. The fact that dengue is endemic in the 17 regions, 81 provinces, 1,634 municipalities/cities, and 40,086 barangays of the Philippines, and the co-circulation of more than one serotype of dengue in many regions, together with other factors which maybe responsible for an increasing number of severe forms of the disease.

From 2011 to 2015, there was a sixty-nine (69%) percent increase in cases. However, there was a forty-two (42%) percent decrease in the dengue case fatality rate. In addition, almost 50% of death cases come from the 5-14-year-old age group, followed by 0-4 year-old with 29%. Nine (9) out of the seventeen (17) regions in the Philippines contributes 80% of the dengue cases in 2011-2015. It is in 2011, that Department Memorandum 2011-0235 "Immediate Nationwide Implementation of Aksyon Barangay Kontra Dengue (ABKD)" was issued and disseminated where in 4S (Search and destroy breeding sites; Seek early consultation; Self-protection; and Say yes to fogging only in hotspot areas where increase in cases is registered for two consecutive weeks) was implemented as a standard message (or as a communication strategy).

Although there has been progress for some regions in the prevention and control under the proposed 2013-2016 Dengue Prevention and Control Midterm Strategic Plan, the burden of dengue in the country continues to increase. Several factors conducive to disease transmission continue to prevail and even worsen due to rapid economic growth, unplanned urbanization and possibly, climate change. Another challenge is the emergence of other arboviral diseases in the country such as Chikungunya and Zika, which share similar risk factors.

The current dengue situation warrants a shift from focusing primarily on attempting to contain outbreaks to taking steps to reduce the impact in communities. The unprecedented spread of Dengue and Chikungunya viruses and the outbreaks of Zika virus disease in 2015-2016 brought the huge challenge in the country that is why enhancing the 4S from just a standard communication to a strategy that embodies the framework of actions in the prevention of Dengue, Chikungunya and Zika needs to be established. Furthermore, greater efforts are required to strengthen the response to these *Aedes*-borne Viral Diseases present in the country requiring increased collaboration and coordination within and beyond the health sector.

APPROVED by
No. 2018-0021-A
Date: 22 August 2018
Position: OIC, DOH

II. OBJECTIVE

This issuance shall provide guidelines in the nationwide implementation of the enhanced 4S-strategy against Dengue, Chikungunya and Zika.


III. SCOPE

This issuance shall apply to:

1. DOH
 - a. Central Office & Regional Offices
 - b. DOH Hospitals
 - c. Accredited Treatment & Rehabilitation Centers
 - d. Attached agencies & other facilities under the administrative jurisdiction of the DOH
2. DOH – ARMM
3. Local Government Units
4. Government and Non-Government Organizations
5. Public and Private Hospitals
6. Private Sectors

IV. DEFINITION OF TERMS

1. **Aksyon Barangay Kontra Dengue (ABKD)** – nationwide campaign for massive clean-up drive starting from the barangay level to mobilize all sectors concerned in reducing dengue morbidity and mortality.
2. **Dengue Fast Lane** – established system in prioritizing dengue patients in different health facilities by administering efficient and prompt case management during dengue season.
3. **Essential containers** – any water-holding container/area wherein it cannot be destroyed/eliminated but may serve as *Aedes* breeding sites.
4. **Food and Drug Administration (FDA)** - (Formerly Bureau of Food and Drugs) was created under the Department of Health to license, monitor, and regulate the flow of food, drugs, cosmetics, medical devices, products and household hazardous waste in the Philippines.
5. **Impending Outbreak** – number of cases in at least one week exceeds 2 standard deviations of the five-year weekly mean number of cases in a particular *barangay*.
6. **Key containers** – type of water holding containers where most *Aedes* breeding sites produce high numbers of larvae and/or pupae even though they are uncommon.
7. **Non-essential containers** – objects considered as trash/rubbish that could collect water and serve as *Aedes* breeding sites.



8. **Rapid Diagnostic Test (RDT)** – a collection of reagents and other materials for in-vitro diagnostics intended for the detection of either antigen or antibody from clinical samples, usually blood within a shorter period.
9. **Spatial Repellents** – is the general term used to describe delivery formats such as coils, mats and passive emanators which release vaporized chemical actives capable of affecting mosquito behaviour at a distance. Most vapour chemical actives also knock down, kill or inhibit feeding of mosquitoes.
10. **Targeted Residual Spraying** – application of chemical insecticides on walls and other surfaces targeting *Aedes* mosquitoes resting sites inside (Targeted Indoor Residual Spraying or TIRS) and nearby outdoor areas (Targeted Outdoor Residual Spraying or TORS).
11. **World Health Organization Pre-Qualification Team (WHO-PQT)** – WHO Programme which serves as reference for setting norms and standards for public health pesticides and its life-cycle management.

V. GENERAL GUIDELINES

1. The “Enhanced 4S” shall be implemented as a prevention and control strategy against *Aedes*-borne diseases specifically Dengue, Chikungunya and Zika in congruent to the global vector response 2017 of the World Health Organization.
2. The “Enhanced 4S” strategy shall constitute the framework of actions towards sustained reduction of mosquito population, decrease incidence of Dengue, Chikungunya and Zika and prevent deaths from Dengue, Chikungunya and Zika.
3. The 4S in the “Enhanced 4S” strategy stands for; Search and destroy breeding sites; Seek early consultation; Self-protection; and Say yes to fogging only in hotspot areas where increase in cases is registered for two consecutive weeks

VI. SPECIFIC GUIDELINES

1. Search and destroy mosquito breeding sites:

- 1.1 Vector control measures shall be implemented through the coordinated and integrated efforts of the local government units (LGUs) and other stakeholders.
- 1.2 LGUs and other stakeholders shall conduct massive campaign to eliminate key containers and non-essential containers and to manage essential containers and all stagnant water.
- 1.3 The “4 o’clock habit” shall be practiced daily at 4 o’clock in the afternoon. All communities shall search for all water-holding containers and other breeding sites of mosquitoes to be destroyed. In case of water-holding container/areas (including tree holes or plants) that cannot be destroyed/eliminated (i.e. essential container), breeding of mosquito sites shall be prevented by putting cover/lid and/or backfilling or the application of biological/chemical larvicides. Members

[Handwritten signature]

of the community both in the public and private sector shall conduct measures to prevent water stagnation at all times.

1.3.1 To monitor and evaluate the "4 o'clock habit", Ovi-Larval Traps shall be used to validate the absence of mosquitoes and the reduction of mosquito population.

1.4 LGUs shall pass and implement appropriate legislations to institutionalize this "S" (search and destroy mosquito breeding sites) in the locality including the:

1.4.1 Inter-sectoral approaches and community mobilization for year-round source reduction.

1.4.2 Establishment of a public health workforce/team for vector surveillance, risk assessment and response. The public health workforce/team shall draw data from vector surveillance to guide the selection of appropriate vector control interventions to be implemented in a particular barangay/municipality-city.

1.4.3 Funding all activities under this "S" (- search and destroy breeding site).

2. Secure self-protection:

Securing self-protection from the bite of mosquitoes shall be facilitated by:

2.1 Use of light-colored clothing and long-sleeves top long pants and socks during daytime (in areas such as school, workplace, etc.).

2.2 Application of insect repellent (with DEET also known as N,N-diethyl-3-methylbenzamide as active ingredient) on uncovered skin.

2.3 Use of screen door and windows or insecticide-treated screens/curtains for doors and windows (at least full WHO-PQT-certified and FDA-registered) as physical barrier and chemical intervention.

2.4 Use of spatial repellents which release vaporized chemical actives capable of affecting mosquito behavior at a distance. Most vapor chemical actives also knock down, kill or inhibit feeding of mosquitoes.

3. Seek early consultation:

Early clinical case detection, diagnosis and management are key factors in reducing dengue morbidity & mortality and shall be facilitated by:

3.1 Encouraging early treatment seeking behavior.

3.2 Reiteration of the AO No. 2016-0043: Guidelines for the Nationwide Implementation of the Dengue Rapid Diagnostic Test (RDT) for early detection of the disease.

3.3 Reiteration and implementation of the AO No. 2012-0006: Revised Dengue Clinical Case Management Guidelines 2011 and case referral.

3.4 Conduct of systematic mortality review as needed.

3.5 Monitor changes in the distribution of dengue cases geographically over time.

J. Mice

3.6 Making sure that dengue fast lanes are established in all hospitals and are functional.

4. **Support fogging/spraying only in hotspot areas where increase in cases is registered for two consecutive weeks to prevent an impending outbreak:**

Space spray, technically a fog (sometimes referred to as an aerosol) is applied mainly as thermal fog or cold fog.

4.1 The objective of space spraying is the massive, rapid destruction of the adult vector population. Space spraying is recommended to prevent an impending outbreak.

4.1.1 Space spraying either thermal fogging or cold fogging (coupled with clean-up drive and "search and destroy" of breeding sites of mosquitoes) should be conducted using the right insecticides (WHO-PQT- and FDA-approved and at least tested locally for biological efficacy within 5 years upon purchase), right dilution, right method of application, right timing, conducting it using right personal protective equipment (PPE), and proper community preparation. Fogging/Misting operations must be done for 4 cycles and at least 7 days interval per cycle.

Residual spraying is the application of long-acting chemical insecticides on targeted areas of all houses and domestic animal shelters in a given area in order to kill the adult vector mosquitoes that land and rest on these surfaces. It is a perfoeal treatment that has both adulticiding and larviciding effects.

4.2 The objective of Targeted Residual Spraying is to reduce the intra-domiciliary and peri-domestic mosquito infestation.

4.2.1 Targeted Residual Spraying is the application of chemical insecticides on walls and other surfaces targeting *Aedes* mosquitoes resting sites inside enclosed spaces (Targeted Indoor Residual Spraying or TIRS) and nearby outdoor areas (Targeted Outdoor Residual Spraying or TORS).

4.2.1.1 Targeted Indoor Residual Spraying (TIRS) shall be conducted for at least 2-3 times a year.

4.2.1.2 Targeted Outdoor Residual Spraying (TORS) shall be conducted as a supplemental control for adult mosquitoes may be done for 2-3 times in a year.

VII. ROLES AND RESPONSIBILITIES

1. **Disease Prevention and Control Bureau (DPCB) - Infectious Disease Prevention and Control Division (IDPCD)**
 - 1.1 Develop policies and guidelines for the implementation of the Enhanced 4S-strategy.
 - 1.2 Provision of capacity building, technical assistance, and systems strengthening to ensure the implementation of the Enhanced 4S-strategy.

J. M. ...

- 1.3 Budget/logistical support.
- 1.4 Coordinate, collaborate, networking with key agencies in the implementation, monitoring and evaluation.
- 1.5 Monitor and evaluate the nationwide implementation of Enhanced 4S- strategy.

2. **Epidemiology Bureau**

- 2.1 Maintain a case surveillance database through PIDSRS.
- 2.2 Evaluate reports and provides strategic information to the Program under the Infectious Disease Prevention and Control Division of the DPCB on a regular basis and additional data as needed.

3. **Research Institute for Tropical Medicine (RITM)** - serves as a National Reference Laboratory for *Aedes*- Borne Viral Diseases for both entomology and virology. It shall monitor and evaluate the nationwide implementation of Enhanced 4S Strategy.

A. Entomology Department

- 3.1 Leads in the mapping and establishment of strategic sentinel sites for vector surveillance.
- 3.2 Establish and maintain a repository of vector surveillance data.
- 3.3 Provide technical capacity and technical support to the regional entomologists.
- 3.4 Provide technical advice, support, and information to program in terms of vector control interventions.
- 3.5 Regularly analyses entomological data and report to the Program under the Infectious Disease Prevention and Control Division of the DPCB.
- 3.6 Provision of technical and logistical assistance for the implementation of Enhanced 4S strategy.

B. Virology Department

- 3.7 Maintain existing and expand sentinel sites for *Aedes*-Borne Viral Diseases laboratory surveillance.
- 3.8 Provide technical capacity and technical support
- 3.9 Regularly analyses virology data and report to the Program under the Infectious Disease Prevention and Control Division of the DPCB.

4. **Health Promotions and Communication Services (HPCS)**

- 4.1 Develop advocacy and communication plan and disseminate for implementation.
- 4.2 Develop and produce prototype materials in various platforms.
- 4.3 Regularly evaluate campaigns used in the implementation of the Enhanced 4S- strategy.
- 4.4 Co-lead in the conduct of campaign related to the Enhanced 4S.
- 4.5 Provide technical support to the regional HEPOs.

5. **DOH Regional Offices and DOH-ARMM**

- 5.1 Formulate regional action plan to ensure the implementation of the enhanced 4S strategy.
- 5.2 Provide technical assistance and augmentation of needed logistical requirement for implementing the Enhanced 4S-strategy.
- 5.3 Coordinate and collaborate with RITM for entomological and virological activities.

H. mee
6

- 5.4 Monitor and evaluate the implementation of the Enhanced 4S-strategy.
 - 5.5 Regularly analyze data and submit report to the Program of the Infectious Disease Prevention and Control Division.
6. **DOH Hospitals**
 - 6.1 Maintain a functional Dengue Fast Lane to serve all dengue cases and manage them in accordance to the AO No. 2012-0006: Revised Dengue Clinical Case Management Guidelines 2011.
 - 6.2 Support the Program in the provision of technical support on the aspect of clinical management.
 - 6.3 Coordinate with their DOH regional offices in the implementation of the Enhanced 4S-strategy.
7. **Provincial Local Government Units (PLGU)**
 - 7.1 Ensure the adoption and the implementation of this Administrative Order.
 - 7.2 Collaborate with the various stakeholders in the province for implementation of this Administrative Order.
 - 7.3 Implement appropriate legislation (e.g provincial ordinance) to institutionalized the implementation of the Enhanced 4S-strategy.
 - 7.4 Mobilize resources for the implementation of the Enhanced 4S-strategy.
 - 7.5 Provide technical assistance to the municipality/city in the implementation of the enhanced 4S-strategy.
 - 7.6 Monitor and evaluate the Enhanced 4S implementation.
 - 7.7 Coordinate with the DOH for needed technical assistance in the implementation of the Enhanced-4S.
 - 7.8 Regularly analyze data and submit report to the DOH regional office.
8. **Municipal/City Local Government Units (M/C LGU)**
 - 8.1 Ensure the adoption and the implementation of this Administrative Order.
 - 8.2 Collaborate with the various stakeholders in the municipality or city for implementation of this Administrative Order.
 - 8.3 Implement appropriate legislation (e.g municipal-city ordinance) to institutionalize the implementation of the Enhanced 4S-strategy.
 - 8.4 Mobilize resources for the implementation of the Enhanced 4S-strategy.
 - 8.5 Monitor and evaluate the Enhanced 4S implementation.
 - 8.6 Coordinate with the DOH for needed technical assistance in the implementation of the Enhanced-4S.
 - 8.7 Regularly analyze data and submit report to the Provincial Health Office.
9. **Technical Partners and Developmental Partners:**
 - 9.1 Provide technical assistance and other forms of resources to the Program
10. **Other stakeholders** such as but not limited to government agencies, public and private hospitals, other government organizations, non-government organizations, academe, media, private sectors.
 - 10.1 Coordinate and collaborate with the DOH in the implementation of this Administrative Order.
 - 10.2 Ensure the implementation of the Enhanced-4S for the prevention and control of Dengue, Chikungunya and Zika.

[Handwritten signature]

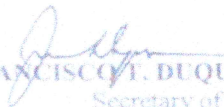
10.3 Advocate and communicate campaign against Dengue, Chikungunya and Zika.

VIII. REPEALING CLAUSE

Provisions from previous and related issuances inconsistent or contrary with the provisions of this Administrative Order are hereby revised, modified, and rescinded accordingly. All other provisions of existing issuances which are not affected by this Administrative Order, still remain valid and in effect.

IX. EFFECTIVITY

This Administrative Order shall take effect immediately upon approval.


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