



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

JAN 04 2021

**ADMINISTRATIVE ORDER**

No. 20~~20~~<sup>21</sup> - 0001

**SUBJECT: Guidelines in the Use of Ivermectin as an Alternative Mass Drug Administration (MDA) in Combination with Diethylcarbamazine Citrate (DEC) and Albendazole (ALB) for the Treatment of Lymphatic Filariasis (LF)**

**I. BACKGROUND AND RATIONALE**

As of 2019, the Philippines has forty-three out of the forty-six endemic provinces already achieving the criteria for elimination as a public health problem namely, Microfilaria Rate (MFR) of <1% and Antigen Rate (AgR) of <1%. More than half of the affected areas are in Mindanao while the rest are in Visayas and Luzon. The regions with most LF disabilities are in Region VIII, IX, X and XI while others are in the progress of deformity mapping based on Regional program data.

The Philippine LF Sustainability Plan for 2018-2022 was issued as a working document that details the translation of national strategies into concrete action, a blueprint of the human, technical, and financial resources needed to fulfill programmatic goals, and a guide to measure changes and document progress in the realization of LF elimination in the Philippines. Two of the major objectives of the said plan are 1.) To intensify interventions and interruption transmission in persistent infection provinces and 2.) To strengthen Morbidity Management and Disability Prevention activities and service to alleviate suffering in chronic patients.

To address the issue of persistent infection, the Global Programme to Eliminate Lymphatic Filariasis (GPELF) recommends mass treatment of albendazole co-administered with the microfilaricidal/ antifilarial drugs diethylcarbamazine (DEC) combined with ivermectin (triple drug therapy - IDA). There is strong evidence from randomized controlled trials regarding long term efficacy of IDA. Hence, the Department of Health (DOH) issued this Order to provide direction to all healthcare providers on the use of ivermectin as an alternative mass drug administration in accordance to the guidelines prescribed by the World Health Organization (WHO).

**II. OBJECTIVE**

This Order aims to guide the private and public health care providers in the effective use of Ivermectin as an alternative LF MDA and treatment regimen to accelerate the treatment of LF in the Philippines.

**III. SCOPE/ COVERAGE**

This guideline shall apply to all healthcare providers at all levels in both LF endemic and non-endemic regions, LGUs and BARMM provinces/municipalities/cities.

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#### IV. DEFINITION OF TERMS

- A. Drug coverage - Proportion of individuals in a targeted population who ingested the prescribed medicine or a combination of medicines. Drug coverage is expressed as a percentage of population who “ingested” the medicine over the total population.
- B. Eligible population – a group of individuals qualified for deworming. Specifically, 5 years old and above of the entire population at risk of LF transmission.
- C. Epidemiological coverage - Proportion of individuals who ingested the medicines during MDA among the total population in the implementation unit.
- D. Lymphatic filariasis (LF) - A parasitic disease of humans caused by infection with nematodes (worms) of the Filarioidea family. *Wuchereria bancrofti* cause the majority (90%) of infections; *Brugia malayi* and *Brugia timori* cause the remainder.
- E. Geographical coverage - Proportion of administrative units that are implementing MDA of all those that require MDA.
- F. Implementation unit (IU) - The basis for making decisions about implementing MDA are the provinces/municipalities/cities.
- G. Mass Drug Administration (MDA) – a modality of preventive chemotherapy in which anthelmintic medicines are administered to the entire eligible population of an area at regular intervals, irrespective of the individual infection status.
- H. MDA round – refers to the distribution of antifilarial medicines to the target population during a defined time period. An “effective MDA round” or reaching “effective coverage” during an MDA round is defined by epidemiological coverage of at least 65% in an implementation unit.
- I. Target population - In the context of lymphatic filariasis, the target population for MDA is the same as the population eligible to receive the medicines, according to the criteria for drug safety, which is usually 80–90% of the total population.
- J. Triple Drug Therapy - refers to Ivermectin, Diethylcarbamazine Citrate and Albendazole (IDA). The combination of the three medicines can safely clear almost all microfilariae from the blood of infected people within a few weeks, as opposed to years using the routine two-medicine combination.

#### V. GENERAL GUIDELINES

The Department of Health shall provide technical assistance in the effective implementation of Ivermectin as an alternative LF MDA and treatment regimens focused on a three-drug regimen of antifilarials comprising Ivermectin, Diethylcarbamazine and Albendazole (IDA).

The Centers for Health Development shall provide technical assistance in the implementation of the program and conduct of the Mass Treatment at the provincial and municipal levels.

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Local government units (provinces, cities and municipalities where filariasis is endemic) shall have the following information on the disease and alternative mass treatment be disseminated to their constituents. They shall also organize private and public health care providers in the community for the elimination program.

The delivery of MDA for LF is community-based, to the greatest extent possible involving multi sectoral participation. The Alternative MDA regimen shall be implemented in individuals from ages 5 years old and above living in endemic areas.

- A. Dosage: Ivermectin will be given at a dose of 150-200 µg/kg body weight, with diethylcarbamazine at a dose of 6 mg/kg body weight, and albendazole will be given at a dose of 400 mg/single (1) standard dose.
- B. Exclusion Criteria & Special Precautions: (1) Treatment of pregnant women will be deferred until delivery. (2) Special precautions in treating individuals with cardiac & kidney diseases should be observed. (3) Drugs should be given within 2 hours after a meal.

## **VI. SPECIFIC GUIDELINES**

- A. In choosing the area for the implementation of the annual alternative regimen IDA, any of the following pre-specified technical situations shall be observed:
  - 1. For Implementing Units (IUs) that have not started or have fewer than four effective rounds of diethylcarbamazine + albendazole (DA);
  - 2. For IUs that have not met the epidemiological thresholds in sentinel and spot-check site surveys or in transmission assessment surveys despite meeting drug coverage targets, and
  - 3. For communities where post-MDA or post-validation surveillance identified infection suggesting local transmission.
- B. Please refer to the link provided for the World Health Organization Guideline – Alternative mass drug administration regimens to eliminate lymphatic filariasis. <https://tinyurl.com/WHO-Alternative-MDA-IDA>

## **VII. ROLES AND RESPONSIBILITIES**

### **A. Disease Prevention and Control Bureau (DPCB)**

- 1. The DPCB shall be responsible for disseminating this AO to all Centers for Health Development (CHDs).
- 2. DPCB shall provide the necessary orientation/training to ensure effective implementation/compliance of the revised guidelines.
- 3. DPCB shall develop M&E and reporting tools for CHD-wide implementation in cooperation with LGUs to determine the impact of the use of IDA in specified areas which shall be in the form of, but not limited to, sentinel, spot check, and transmission assessment surveys using rapid diagnostic tests and/or nocturnal blood examinations in key populations.

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**B. Centers for Health Development (CHDs)**

1. All CHDs, through the Directors, Infectious Cluster Heads, Division Chiefs and the Regional Coordinator for Filariasis shall ensure that this AO is disseminated to and implemented by all Provincial/City/Municipal Health Offices and all sectors concerned at the field levels.
2. CHD and Provincial Department of Health Office (PDOHO) shall take the lead in the monitoring and evaluation of the MDA.
3. CHD shall provide the evaluation results to the LGUs after the validation from the Central Office – DOH.

**C. Local Government Units (LGUs)**

1. The LGUs shall work closely with the CHD team in the effective implementation of Ivermectin as an alternative LF MDA and treatment regimens.
2. LGUs with technical guidance and support from the office of the Governor and the Provincial Health Office through the Rural Health Unit/City Health Office shall be responsible in the social preparation of the areas for MDA.

**D. Other stakeholders (NGOs, private organizations, etc)**

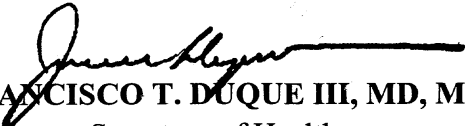
1. NGOs are enjoined to assist in the social preparation of the area.
2. Private organizations may voluntarily provide some logistics in the survey or may help in the dissemination of the importance of the activity.

**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. Administrative Order No. 157 s. 2004 re: Declaring the month of November of every year as the mass treatment month for Filariasis in established endemic areas in the Philippines and Administrative Order No. 030 s. 2015 re: Guidelines on the Implementation of the National School Deworming Day shall remain valid and in effect.

**IX. EFFECTIVITY**

This order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing with the University of the Philippines Law Center of three (3) copies of this Order.

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