



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

June 23, 2020

DEPARTMENT CIRCULAR

No. 2020- 0302

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

SUBJECT : Delivery of Routine Deworming Services under the Integrated Helminth Control Program (IHCP) during the COVID-19 Pandemic.

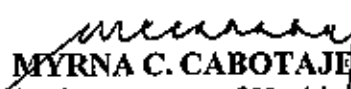
Soil-transmitted helminthiasis (STH) are part of the diverse group of Neglected Tropical Diseases (NTDs) that remain as a public health problem in the Philippines affecting marginalized and vulnerable groups like children, indigenous communities, pregnant women, and women of reproductive age.

Given the current challenges brought about by the COVID-19 pandemic, the Department of Health (DOH) has reiterated through **Department Circular No. 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 Integrated Health Control Program (IHCP) issues this Department Circular on the detailed procedure on the conduct of routine deworming and related activities as a supplement to **Department Memorandum No. 2020-0260** or the *“Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis Control and Elimination Program During the COVID-19 Pandemic.”*

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

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

By Authority of the Secretary of Health:


MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team

ANNEX A. DEFINITION OF TERMS

DEFINITION OF TERMS:

- 1. Routine Deworming** – is defined as the biannual administration (at least 6 months interval) of deworming 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 dewormed in a shorter period of time.
- 2. Fixed Post Approach** – facility-based provision of routine deworming 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.
- 3. Outreach or Home Visit Approach** – house-to-house provision of routine deworming services. This shall be conducted in accordance to existing infection, prevention and control measures against COVID-19.

DM 2020-0260 or the Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis Control and Elimination Program During the COVID-19 Pandemic prescribes the suspension of Mass Drug Administration (MDA) or deworming campaigns until further notice. While MDA or deworming campaigns are not yet being implemented, the same guideline prescribe the use of a community-based individual approach to deliver routine deworming services among children ages 1-19 years old while maintaining physical distancing and appropriate Infection Prevention Control (IPC) measures.

ANNEX B. PROCEDURE FOR ROUTINE DEWORMING SERVICES

The following are the specific operational guidance on the delivery of routine deworming services through either of the following approaches: a) Fixed Site Administration or b) Outreach Campaigns through Home Visits.

A. Pre-Administration Phase

The following standard procedures must be observed in preparation to the conduct of routine deworming activities:

1. Inventory of drugs to be administered to ensure adequacy and availability for the routine deworming services.
2. Inform parents or caregivers of school-age children to be dewormed that signed informed consent or prior approval are not required.
3. Preparation of records (master list) of the eligible individuals for deworming and reports for consolidation of accomplishments to be submitted online to higher level facility.
 - a. Pre-school aged children – 1 to 4 years old
 - b. School-aged children – 5 to 9 years old
 - c. Adolescents – 10 to 19 years old
4. Conduct advocacy and sensitization campaigns through public announcements and orientation on the benefits of deworming 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 deworming drugs will be placed.
6. Identify facilities and/or networks that would cater to referrals of severe adverse events following deworming 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 deworming.

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 routine deworming 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:

1. Inform caregivers, parents and children that if possible, the distribution of deworming drugs will be outside the household or in an open well-ventilated space.
2. Inform caregivers and parents to prepare a container or receptacle outside the household where deworming drugs or pill will be placed by health workers during house to house visits.
3. 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 deworming service.

B. Administration Phase

The following standard procedures must be observed in the delivery of routine deworming services in either of the two approaches:

1. Ensure that each child to be dewormed has taken his/her meal 2 hours prior to intake of the deworming drug
2. Conduct rapid assessment of health status of children. Caution should be given to the following individuals:
 - a. Children who are seriously ill
 - b. Children experiencing abdominal pain at the time of MDA
 - c. Children with diarrhea
 - d. Children who previously suffered hypersensitivity to the drug
 - e. Children who have severe acute malnutrition
 - f. Children exhibiting flu like symptoms (cough, fever, body pains and the like).
3. Ensure that health workers practice the direct observed treatment (DOT) of children in terms of drug intake by checking the tongue for discoloration with proper physical distancing of at least one meter.

For the **fixed site approach**, the following IPC measures must be observed during routine deworming:

1. Placement of strict standard symptom and temperature checks and proper referral of all individuals with symptoms of Influenza-like illness (ILI) prior to entry. Treatment may be withheld among individuals with flu-like symptoms and shall be immediately coordinated to the Barangay Health Emergency Response Teams (BHERT) for further referral and evaluation.
2. Ensure that appropriate infection prevention and control precautions are in place:
 - a) Health workers assessing children with symptoms of ILI or suspected Covid-19 cases must use appropriate Personal Protective Equipment (full PPE) namely medical mask, gloves, gown or coverall and eye protection like goggles or face shield.
 - b) If feasible, assessment not involving physical contact must be done outdoors and maintaining a distance of at least one meter.
 - c) Health worker must practice handwashing with soap and water before and after every deworming activity and use hand disinfectants after every client dewormed.
 - d) Deworming drugs will be placed on container or receptacle brought by caregivers or parents during the facility visit.
3. Healthy or Asymptomatic individuals (children and caregiver/parent) shall use cloth face masks while individuals with suspected flu-like symptoms or are feeling sick must always wear medical-grade mask when visiting fixed site facility.
4. Ensure routine monitoring and replacement of hand soaps, sanitizers, and other disinfectants as necessary

For the **outreach or home visit approach**, the following IPC measures must be observed during routine deworming:

1. Ensure that health workers wash their hands with soap and water before and after the deworming activity or use hand for every household visited.
2. In areas with ongoing community transmission of Covid-19, healthy or asymptomatic individuals (including health workers) shall always use cloth face masks while individuals with suspected flu-like symptoms or are feeling sick must always wear a medical-grade mask.
3. Health workers must wear gloves and/or use a spoon when taking out deworming drugs for distribution
4. To ensure that physical distances of at least 1m is observed, communities are advised to put out chairs and/or containers like small Tupperware outside of their homes where health workers may place the deworming drug. In return, health workers are asked to observe direct treatment with at least 1 m distance from the child.
5. In cases of home visits where children with symptoms of ILI or suspected Covid-19 cases are seen, health workers must wear full PPE (medical mask, gloves, gown/coverall and eye protection like goggles or face shield) and if feasible must assess these children outdoor or in well-ventilated space.

C. Post-Administration Phase

1. Health workers are asked to report and record deworming accomplishment using either the revised recording and reporting forms of the IHCP or the Neglected Tropical Diseases Management Information System (NTDMIS).
2. Observe for any adverse event following deworming based on AO 2010-0023 (Guidelines on Deworming Drug Administration and the Management of Adverse Events Following Deworming) and institute appropriate action for referral, management and treatment.