



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 16, 2018

DEPARTMENT MEMORANDUM

No. 2018 - 0082

TO : DOH ARMM, ALL REGIONAL OFFICES, AND
OTHERS CONCERNED

SUBJECT : Reporting Forms for Malaria cases and Focus investigation

With reference to the abovementioned subject, DOH-ARMM, all DOH Regional Offices (RO), Provincial Health Offices (PHOs), City Health Offices (CHOs), and Municipal Health Offices (MHOs) are hereby informed regarding the Malaria Case Investigation Form (MCIF) and the Focus Investigation Form (FIF) as the official National Malaria Control and Elimination Program (NMCEP) standard reporting forms for the investigation of all suspect and/or confirmed malaria case.

As we are transitioning from malaria control to elimination and prepare for the World Health Organization (WHO) certification of the Philippines as a malaria-free country by 2030, DOH-ARMM, all ROs, PHOs, CHOs and MHOs must investigate all reported malaria cases within one week and document the results of the investigation by filling up completely and adequately the MCIF and FIF. These two forms shall be the basis for confirming in the future whether the case/s are either imported or indigenous cases.

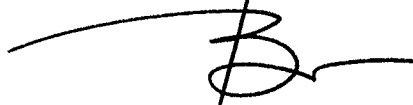
The following guidelines are to be followed:

1. Upon receipt of notification of a malaria suspect case, the case must be confirmed and investigated within three (3) days.
2. The Provincial Malaria Investigation and Response Teams shall review records, collect data and interview the patient and health worker to ensure the accurate, complete and timely completion of the MCIF.
3. Immediately after the completion of the case investigation, the provincial NMCEP entomologist/malaria coordinator shall conduct focus investigation using the attached FIF. Ideally, focus investigation shall commence within seven (7) days of case notification.
4. Based on the result of the Case and Focus Investigation, appropriate case and focus intervention shall be implemented in response to the malaria cases to halt the possible onward transmission of malaria. The response shall be thoroughly described in the FIF.
5. The investigation and response cycle shall be terminated only when no local mosquito transmission of malaria has been adequately established.
6. The PHO shall maintain a copy of the accomplished MCIF and FIF and provide the RO and Disease Prevention and Control Bureau-Infectious Disease Office duplicate copies of the forms.
7. All investigated foci must be registered in the foci registry.

8. The Regional Malaria Coordinator (RMC) shall review all MCIF and FIF to ensure all forms are completely and adequately filled up.
9. The RMC shall be responsible for the dissemination of the guidelines and other materials for reporting.
10. All malaria cases for 2017 shall be in the format of the MCIF. Those who have submitted the malaria case investigation report are requested to resend their reports using MCIF and the FIF.

This Department Memorandum hereby directs all recipients to strictly adhere to the above mentioned guidelines and shall take effect immediately.

By Authority of the Secretary of Health:



GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services



NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM
Focus Investigation Form

D. STRATIFICATION OF THE ARE WHERE THE FOCUS IS LOCATED IN THE PAST 5 YEARS		
Year	Strata	Remarks
1		
2		
3		
4		
5		

II. RECEPTIVITY (the ability of an ecosystem to allow transmission of malaria)

1. History of local transmission in the last 5 years?

Yes No

2. Past Entomological Surveys /Studies in last 5 years

Were surveys Done? Yes No

If yes, pls answer the questions below.

- a. When: mm/yy – mm/yy (the latest)
 b. Malaria Vectors present? Yes No

If yes, check all vectors present in the focus:

- An. flavirostris* *An. litoralis*
 An. maculatus *An. balabacensis*
 An. mangyanus

3. Brief results of current entomological surveys

Were surveys done? Yes No

If yes, pls answer the questions below:

- a. When: mm/yy – mm/yy (the latest)

- b. Methods applied:
 carabao-bait trap
 larval collection
 adult mosquito collection
 human-landing catch
 Others, specify: _____

- c. Vectors present? Yes No

If yes, check all vectors present in the focus:

- i. Malaria Vectors
 An. flavirostris *An. litoralis*
 An. maculatus *An. balabacensis*
 An. mangyanus

ii. Others vectors:
 Please enumerate: _____

4. Site shares border with an endemic/receptive sitio:

Yes No

If yes, give the names of the close endemic /sitio:

5. Environmental Condition

- a. Altitude: _____ (m)
 b. Topography of the location (click as many):
 Mountainous/hilly
 Plain
 Coastal
 c. Vegetation of surroundings (click as many):
 Forest
 Bush
 Irrigated Rice/crop fields
 Other _____
 d. Bodies of water (click as many):
 Fresh water stream(s)/creek(s)
 Brackish water
 Swamp(s)
 Lake(s)
 Other _____

Receptive?

- Yes, if positive results in at least one of the following items 1,2,,3ci and 4;
 Uncertain, if 1, 2 and 4 are all negative, if no current entomological survey was carried out, and environment is potentially associated with malaria vectors, i.e.:
 mountainous/hilly with forest,
 coastal with stagnant brackish water, or
 rural with shaded, clear fresh-water streams.
 NO, If negative in all

Note: If uncertain, receptivity should be confirmed or disproven by an entomological survey. If the area is not receptive, it cannot be a focus.



NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM
Focus Investigation Form

VI. FOCUS INVESTIGATION CONCLUSION:
TYPE OF RECEPTIVITY AND FOCUS

A. Classify the Focus by Receptivity

- Receptive
- Non-Receptive
- Uncertain (entomological investigation should be conducted in the next three months and reclassify)

Non-receptive classification means that the area is not a focus.

Classify the Focus by Vulnerability:

- Vulnerable
- Non- Vulnerable

C. Type of Focus

- Active** , Locally acquired case(s) have been detected within the *current transmission season or calendar year*.
- Residual Non-Active**, The last locally acquired case(s) was detected in the previous transmission season/calendar year or up to 3 years earlier. Other kinds of cases may occur. i.e Imported, induced or relapsing/old cases
- Cleared-**, Only Imported, induced or relapsing/old cases detected may have been detected in current calendar year or transmission season. Not classified as active or non-active residual. I.e. no transmission for last 3 years (no implications for certification /validation).



NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM
Focus Investigation Form

VII. GEOGRAPHICAL LOCAL MAP

Draw or attach the geographical local map including its borders, locations of HHs, location of index cases, health facility location, roads, etc)

A large, empty rectangular box with a thin black border occupies the majority of the page. This area is intended for the respondent to draw or attach a geographical local map, showing details such as borders, household locations, index cases, health facilities, and roads.



NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM
Focus Investigation Form

VIII. Recommended measures to be taken to prevent possible onward spread of the current malaria infection from or within the focus, if any (provide details)

This section is a large, empty rectangular box intended for providing detailed information regarding recommended measures to prevent the spread of malaria infection.



NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM
Focus Investigation Form

IX. INVESTIGATION TEAM and DURATION OF INVESTIGATION

Period of Investigation: Start Date: / / End Date: / /
mm dd yy mm dd yy

Name of the Team Leader: _____
(Name and Designation)

List the members of the investigation team:

1. _____ (Name and Designation)
2. _____ (Name and Designation)
3. _____ (Name and Designation)
4. _____ (Name and Designation)

Noted by the Provincial Health Officer: _____

Annex I. Process Flow on the Use of Malaria Registries and Investigation Forms

