

# 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.

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



Focus ID Number: (autogenerated)

1.	Reference					ase	(first	case	letec	cted	)	<b>\</b>					
	a) Name: _	(First	Name,					luniainal	14.		Surna Provi	ame)					
	b) Address c) Malaria	: (sitio/p	urok,	oinorus	<u>saran</u>	gay,	<u>IV</u>	lunicipal	ae ae	πÞ			nowlesi				j
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	□ Importe	d, specify t	he place	e such	as ba	ranga	ıy, mun	<u>ոicipality, բ</u>	provine	ce, or	countr	y (if fron	abroad	)			
	□ Induced																-
	e) MIF Numb	er:			_	416											
	f) Date of de	etection:_		Date	of no	tifica	ation:_										
_	D - 6	4. F	_														ł
2.	Reference	to rocu	5				Dea	wince									
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D. STRATIFICATION OF THE ARE WHERE THEFO	Strata Remarks
Year	Ottalia
II. RECEPTIVITY (the ability of an ed	osystèm to allow transmission of malaria).
4 Ulatara of land transmission in the le	st 5 years? 5. Environmental Condition
<ol> <li>History of local transmission in the la</li> <li>         □ Yes □ No     </li> </ol>	a. Altitude:(m)
□ 162 □ 140	b. Topography of the location (click as many):
2. Past Entomological Surveys /Studies	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vere surveys Done? □ Yes □ No	□ Plain
Nete surveys bone: 1 165 116	□ Coastal
f yes, pls answer the questions below.	
a. When: mm/yy – mm/yy (the latest)	c. Vegetation of surroundings (click as many):
b. Malaria Vectors present?   Yes   N	
If yes, check all vectors present in the focus:	□ Bush
□ An. flavirostris □ An. litoralis	□ Irrigated Rice/crop fields
□ An. maculatus □ An. balaba	censis    Other
□ An. mangyanus	D. D. C. A. A. Pala and annual a
	d. Bodies of water (click as many):
3. Brief results of current entomologica	Il surveys Fresh water stream(s)/creek(s)
Were surveys done? □ Yes □ No	□ Brackish water
	□ Swamp(s)
If yes, pls answer the questions below:	□ Lake(s) □ Other
a. When: mm/yy – mm/yy (the latest)	U Other
b. Methods applied:	Receptive?
□ carabao-bait trap	□ Yes, if positive results in at least one of the following
☐ larval collection	items 1,2,,3ci and 4;
<ul><li>□ adult mosquito collection</li><li>□ human-landing catch</li></ul>	□ <u>Uncertain,</u> if 1, 2 and 4 are all negative, if no current
□ Others, specify:	entomological survey was carried out, <u>and</u> environment is
□ Others, specify	potentially associated with malaria vectors, i.e
c. Vectors present? □ Yes □ No	□ mountainous/hilly with forest,
If yes, check all vectors present in the focus	□ coastal with stagnant brackish water, or
i, Malaria Vectors	□ rural with shaded, clear fresh-water streams.
□ An. flavirostris □ An. litoralis	^ ·
□ An. maculatus □ An. balaba	
□ An. mangyanus	
<b>~</b>	Note: If uncertain, receptivity should be confirmed or
ii. Others vectors:	disproven by an entomological survey. If the area is not
Please enumerate:	receptive, it cannot be a focus.
A Black Committee of the committee of th	
4. Site shares border with an endemic/recept	tive sitio:
□ Yes □ No	
If yes, give the names of the close endemic /sitio	0.
If yes, give the harnes of the close endernic /site	<b>○</b> .



	III. · VULNER	ABILITY .			A STATE OF THE PERSON OF THE P	ACCESS TO HE	Total Control of the				
1.	Accessibility to the	ne site:			Distance	from the nearest Ba	rangay Health	Station:			
	☐ Motorbike	□ Pum			( <u>describe</u>	(describe means of time and transportation or by foot)					
	<ul><li>□ Jeepney</li><li>□ Bus</li></ul>	□ Sea v □ by fo									
	□ bus □ by animal-ride		Ot .								
2.	Presence of the unexpected pattern	following risk	factors that can	n result to ation:	Distance (describe	Distance from the nearest Microscopy/RDT Site: (describe means of time and transportation or by foot)					
	unoxpooted patt				,						
	o forest. o mining Mobile trader. Fisherfolk wit road/busines internally dis disasters and	nal farming ry/forest prod g s eg. Tabuan h shifting resis/residential placed popula d others	uct gathering , market day idence	nflicts,		Distance from the nearest RHU: (describe means of time and transportation or by foot)					
	□ military/polic □ tourists from	hiah endemi	c countries eg.	foreign students	S, Dieton	Dietonos from the pegreet Hespital					
	businessma	an				Distance from the nearest Hospital: (describe means of time and transportation or by foot)					
			endemic countrie		1						
	□ Others	· · · · · · · · · · · · · · · · · · ·									
					Furthe	r observations on lo	cal health ser	vices			
Vul	Inerable? □ \	es, if at leas	st one item in	1 and 2 is	Taltio	Turner observations on local moduli services					
	esent.	,									
	_ N	10									
Fu	rther observatior	ns on social	and economic	conditions							
	VECTOR CONT	ROLINTER	VENTIONS IN 1	THE PAST 5 YE	ARS INCLUD	ING CURRENT		<u></u>			
<b>L</b> .	Mosquito Net / L	LIN Distribut	ion and Indoor	Residual Sprayi	ng						
			Mosquito Net / LL	.IN	· · · · · · · · · · · · · · · · · · ·	IR: No. of Targeted	S Number of				
	Years	Target Pop	Number of LLIN Distributed	% Coverage (1:2 Net: persons)	Insecticide Used	Households for Spraying	Houses Sprayed	% Coverage			
	tal		OTIV/IT/EC			<u> </u>	<u></u>				
F.	OTHER VECTOR	R CONTROL A	CHVIIES					, , , , , , , , , , , , , , , , , , , ,			
	Year										
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V. REACTIVE CASE DETECTION (in the range of 2 km radius of the index cases)													
Date of RACD Laboratory Exam Done						F	lesu	lt / S	pecies	·····	Number	Remarks	
(mm/dd/yy)	Micros -copy	RDT	Total (Micrsocopy & RDTs) Done	Pf	Pv	Pm	Pk	Ро	Neg/ NMPS	Pf Pan	Non Pf Pan	of Patients Treated	
					-								
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<sup>\*\*\*</sup> attach the linelist of all patients found positive in an RACD



VI. FOCUS INVESTIGATION CONCLUSION  TYPE OF RECEPTIVITY AND FOCUS.	
A. Classify the Focus by Receptivity	C. Type of Focus
<ul><li>☐ Receptive</li><li>☐ Non-Receptive</li></ul>	☐ <b>Active</b> , Locally acquired case(s) have been detected within the <i>current transmission season or calendar year</i> .
<ul> <li>Uncertain (entomological investigation should be conducted in the next three months and reclassify)</li> </ul>	☐ <b>Residual Non-Active</b> , 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
Non-receptive classification means that the area is not a focus.	☐ Cleared-, Only Imported, induced or relapsing/old cases detected may have been detected in current calendar year or
Classify the Focus by Vulnerability:  Uulnerable	transmission season. Not classified as active or non-active residual. I.e. no transmission for last 3 years (no implications for certification /validation).
☐ Non- Vulnerable	



VII. GEOGRAPHICAL LOCAL MAP  Draw or attach the geographical local map including its borders, locations of F  index cases), health facility location, roads, etc)	



WIN. Recommended measures to be taken to prevent possible onward specific infection from or within the focus, if any (provide details)	oread of the curi	ent malaria



IX. INVESTIGAT	ION TEAM and DURATI	ION OF INVESTIGATION	
Period of Investigation:	Start Date://_yy	End Date:/_ /	
Name of the Team Leader: (Name and Designation)			-
List the members of the inv	estigation team:		
1	(Name	and Designation )	
2.	(Name	and Designation )	1
3.	(Name	and Designation )	
4.	(Name	and Designation )	-
Noted by the Provincial He	alth Officer:		

