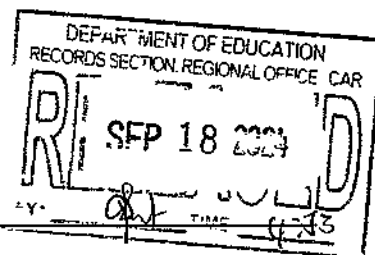




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



18 September 2024

REGIONAL MEMORANDUM
No. 632.2024

**INTERIM GUIDELINES FOR MPOX PREVENTION AND RESPONSE IN WORKPLACES
AND OTHER HIGH RISK COMMERCIAL ESTABLISHMENT AND INTERIM
GUIDELINES FOR MPOX MONITORING, ISOLATION, AND INFECTION
PREVENTION AND CONTROL IN HOME SETTINGS**

To: Assistant Regional Director
Schools Division Superintendent
School Health Personnel
All Others Concerned

1. This office disseminates DOH-CHD-CAR Memorandum No. 2024-0085 titled "Interim Guidelines for Mpox Prevention and Response in Workplaces and Other High Risk Commercial Establishment and Interim Guidelines for Mpox Monitoring, Isolation, and Infection Prevention and Control in Home settings".
2. Attached is DOH-CHD-CAR Memorandum No. 2024-0085 and Department Memorandum No. 2024-0320 from Department of Health- Center for Health Development (DOH-CHD) for details.
3. Immediate dissemination and of compliance with this Memorandum is directed.


ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/Regional Director

*ESSD/GDC/rsd/ Guidelines for Mpox Prevention and response in Workplaces and Other High Risk
Commercial Establishment
September 18, 2024*



Address: DepEd-CAR Compound, Wangal, La Trinidad, Benguet, 2601
Telephone No: (074) 422 – 1318
Email Address: car@deped.gov.ph



DepEd Tayo Cordillera



<https://depedcar.ph>





September 12, 2024

DOH-CHD-CAR MEMORANDUM
NO. 2024- 0085

TO: PROVINCIAL/ CITY DOH OFFICES, PROVINCIAL/CITY HEALTH OFFICES, DEPARTMENT OF LABOR AND EMPLOYMENT, DEPARTMENT OF EDUCATION AND COMMISSION ON HIGHER EDUCATION

SUBJECT: Interim Guidelines for MPox Prevention and Response in Workplaces and Other High Risk Commercial Establishments and Interim Guidelines for Mpox Monitoring, Isolation, and Infection Prevention and Control in Home Settings

On August 14, 2024, the World Health Organization (WHO) declared the MPox outbreak a Public Health Emergency of International Concern (PHEIC) due to the surge in cases across Africa, particularly the Democratic Republic of Congo. In the Philippines, a total of fourteen cases have been confirmed since 2022, all of which are clade II, the milder variant of MPox.

In light of this situation, the Department of Health issued Department Memorandum No. 2024-0320, "Interim Guidelines for MPox Prevention and Response in Workplaces and Other HighRisk Commercial Establishments," which aims to provide MPox transmission and protect against other communicable diseases and Department Memorandum No. 2024-0312, " Interim Guidelines for Mpox Monitoring, Isolation, and Infection Prevention and Control in Home Settings," to provide guidance to persons undergoing isolation and those who are in close proximity with those experiencing Mpox symptoms including family members and caregivers.

For your guidance and dissemination.

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
Director IV



The **round metal gong** of the Cordillera known locally as "**gangao**" is a symbol of the upland people's culture that has been passed on from generations to another.

The **profile of a person blowing a "tanggayub"** represents a community being called for an important matter or action. The **lines that shape the mountains, the rice terraces, clouds and rivers** symbolize the connectivity and flow of human interaction in a geographic area such as the Cordillera.

All the symbols combined represent unity and harmony of its people with culture and environment in beating the gong for self-determination.





Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



6 September 2024

DEPARTMENT MEMORANDUM

No. 2024 - 0320

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHDs); MINISTER OF HEALTH- BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines for Mpox Prevention and Response in Workplaces and Other High Risk Commercial Establishments

I. BACKGROUND

On August 14, 2024, the World Health Organization (WHO) declared mpox outbreak as a Public Health Emergency of International Concern (PHEIC). This was following the current surge of cases of mpox in several parts of Africa and the emergence of a new sexually transmissible strain of the virus, identified as clade Ib strain. In the Philippines, between 2022 to 2023, there were a total of nine confirmed cases. Since WHO's declaration of the PHEIC, the Philippines has detected additional confirmed cases in the country.

Mpox is an infectious disease caused by the monkeypox virus (MPXV), a species of genus *Orthropoxvirus*, family *Poxviridae*. Transmission occurs from person-to-person through direct contact with the infectious lesions of the skin or mucous membranes or body fluids from those lesions. This also includes direct contact with skin, face, or mouth, and exposure to respiratory droplets; exposure during pregnancy or after delivery; and direct contact with; infected animals or contaminated inanimate materials. Common symptoms include the presence of skin rash or mucosal lesions accompanied by fever, swollen lymph nodes, headache, muscle aches, back pain, sore throat, and low energy.

In light of the evolving situation, this Department Memorandum provides interim guidance on the prevention, detection, and management of mpox in all public and private workplaces, utilizing the Occupational Safety and Health (OSH) Hierarchy of Controls to prioritize effective safety measures. As new evidence and information emerge, supplemental guidance will be provided to ensure ongoing protection and adaptability in workplace safety practices. Importantly, these guidelines not only aim to prevent mpox transmission but also serve to protect against other communicable diseases.

By emphasizing hygiene, disinfection, and proper use of personal protective equipment (PPE), the same measures that help prevent the spread of mpox will reduce the



risk of other infections such as influenza, tuberculosis, and COVID-19. The focus on high-risk occupations and workplaces that involve close skin-to-skin contact—such as massage parlors, spas, gyms, barber shops, salons, and similar establishments—further reinforces broader public health efforts to combat a variety of pathogens. Thus, implementing these comprehensive guidelines in workplaces will enhance overall infection control, creating safer environments and reducing the burden of communicable and other emerging infectious diseases.

II. GENERAL GUIDELINES

- A. Workplaces are expected to follow standard precautions for mpox prevention, including practicing proper hand hygiene, ensuring thorough cleaning and disinfection, and avoiding intimate close contact with suspected, probable, or confirmed mpox cases, as well as with contaminated objects.
- B. All workplaces are expected to establish/activate their reporting and referral systems for the detection of mpox and coordinate accordingly with their respective Local Epidemiology and Surveillance Units (LESUs). For workplaces without an OSH Officer, Personnel or Clinic, the manager of the workplace shall ensure close coordination with the LESU for roles related to detection, isolation, treatment and reintegration, as described in Section III of this issuance.
- C. Close contacts are expected to be monitored, or should self-monitor, daily for the onset of signs or symptoms for a period of twenty one (21) days from the last contact with the probable or confirmed case or their contaminated materials; while suspect, probable, or confirmed cases are expected to isolate and be managed based on the severity of their presentation.
- D. Return to work will be permitted only after completion of the isolation period and confirmation by a physician that the individual is symptom-free through a medical certificate.
- E. Workplaces are encouraged to implement appropriate risk communication strategies to promote preventive behaviors, proper reporting, and referral while ensuring the prevention of stigmatization of at-risk groups.

III. SPECIFIC GUIDELINES

A. Basic OSH Standards for all Workplaces and Commercial Establishments

All workplaces are expected to continuously implement fundamental OSH standards, prioritizing the elimination of hazards and the replacement of high-risk practices with safer alternatives. These measures shall not only prevent exposure to Mpox but also foster health-promoting work environments that safeguard the well-being of employees at all times, regardless of any disease outbreak:



1. Elimination

- a. Workplaces are expected to limit access to areas of the workplace where exposure risk is highest, such as settings dealing with symptomatic individuals or materials.
- b. Sanitizing stations at key locations, such as entrances, exits, and workstations should be set up in high human traffic areas.
- c. Workplaces are expected to encourage employees/workers to practice frequent hand hygiene with soap and water or use alcohol-based hand sanitizers (70% ethanol or isopropyl alcohol solution), especially after contact with shared surfaces or materials.
- d. Surfaces (especially high-touch areas like doorknobs, desks, work electronic equipment, and other shared equipment), along with shared spaces, shall be regularly cleaned and disinfected with FDA-registered and approved household cleaning materials at least daily or more frequently if there's high foot traffic or visible contamination.

2. Substitution

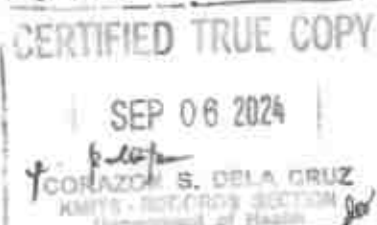
- a. Workplaces are encouraged to introduce devices or technologies to reduce the need for contact with shared surfaces.

3. Engineering Controls

- a. Workplaces shall enhance ventilation systems to increase the flow of fresh air.
- b. For shared office/workplace equipment (i.e., phones or computers), workplaces may consider assigning dedicated devices to individual employees or using voice-activated systems.

4. Administrative Controls

- a. Workplaces are expected to update, develop, and enforce policies that outline procedures for dealing with mpox exposure, including isolation, reporting, and communication protocols.
- b. Workplaces are expected to provide training for employees on mpox symptoms, transmission, and prevention, with emphasis on personal hygiene and the correct use of personal protective equipment (PPE).
- c. Workplaces are expected to maintain clear and consistent communication with employees about the current status of mpox in the community and in the workplace.
- d. Workplaces are expected to utilize health reminders and behavioral nudges in conspicuous places (e.g., entry points, reception desks, bathrooms, etc.) A template of these health reminders may be utilized and modified to local context as provided in *Annex B*.
- e. Workplaces are expected to implement or expand remote work policies, where feasible, as prescribed in the Civil Service Commission (CSC) Memorandum Circular No.6, s. 2022, also known as "Policies on Flexible Work Arrangements in the Government" and the Department of Labor and Employment (DOLE) Department Order 237 s. 2022 in operationalizing RA 11165 or the "Telecommuting Act".



5. Personal Protective Equipment (PPE)

- a. Workplaces are expected to provide risk-appropriate and adequate PPE, especially for employees who may be at higher risk of exposure (e.g., healthcare workers/ cleaning staff).
- b. Workplaces may consider providing other PPE such as gloves and masks for other employees who are not at high risk of exposure.
- c. Workplaces are expected to ensure that staff are trained on the correct use, disposal, and replacement of any PPE. Regular monitoring of compliance with PPE protocols to maintain safety standards is also encouraged.

B. Prevention in High-Risk Workplaces Offering Close, Sustained Skin-to-Skin Contact (e.g., Hospitality and Personal Care Services)

1. Elimination

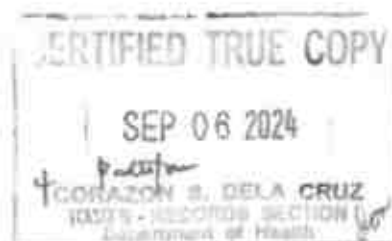
- a. Sanitizing stations are expected to be placed among high human traffic areas in workplaces.
- b. Workplaces that have frequent and prolonged skin-to-skin contact as part of their legally permitted business are highly encouraged to implement a strict symptom and temperature screening process with the recommended health screening form (*Annex A*) for both staff and clients before any service is provided.
 - i. Clients with symptoms should be rescheduled, and symptomatic staff should be advised to stay home and seek urgent medical care from a licensed physician.
- c. Individuals who fulfill the suspect, probable, or confirmed surveillance case definition criteria (*Annex C*) for mpox shall be respectfully denied entry and advised to seek medical attention.

2. Substitution

- a. Workplaces that have frequent and prolonged skin to skin contact as part of their legally permitted business are encouraged to institutionalize contactless payment methods and digital check-in systems.
- b. For services like massages, consider offering alternative treatments that require less close contact or can be performed with additional barriers (e.g., clothes on) or distance.

3. Engineering Controls

- a. Workplaces that have frequent and prolonged close contact as part of their legally permitted business are encouraged to prioritize enhancing ventilation in treatment rooms, hotel rooms, and common areas.



4. Administrative Controls

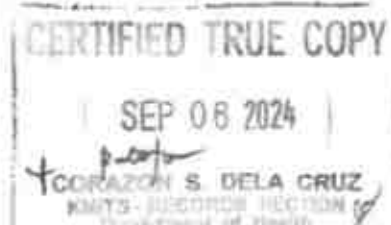
- a. Workplaces are expected to clearly communicate mpox-related policies to clients before their appointment or check-in, including any new procedures or requirements.
- b. Workplaces are expected to provide comprehensive training on mpox transmission, symptoms, and preventive measures.
- c. Workplaces are expected to establish rigorous cleaning and disinfection protocols which may be specified and modified according to workplace applicability, as provided in *Annex D*, particularly for high-touch surfaces, treatment tools, shared spaces, and other service-specific equipment (e.g., razors, clippers, brushes).
- d. Workplaces are encouraged to implement appointment-only systems to control the flow of clients and prevent overcrowding in waiting areas or service spaces.
- e. For personal care services, workplaces are expected to offer remote consultations or online booking systems.

5. Personal Protective Equipment (PPE)

- a. Workplaces are encouraged to provide staff with risk appropriate and adequate PPE, such as gloves, masks, and gowns, especially for services involving close contact (e.g., massage therapy, facials, hairdressing).
- b. Workplaces shall consider requiring clients to wear masks in certain settings, such as during close-contact services or in communal areas.

C. Detection

1. The designated Occupational Safety and Health (OSH) Officer and/or Occupational Health (OH) Personnel shall be guided by the protocols for detection detailed in Section III-B of Department Memorandum No. 2024-0306 or the "Updated Interim Guidelines on the Prevention, Detection, and Management of Mpox" and its future updates.
2. Before the provision of any close-contact service, trained staff should conduct a visual inspection of the client's skin for any suspicious rashes, sores, or lesions. This should be done in a private and respectful manner.
3. The client shall be informed of the immediate discontinuation of the service upon note of any suspicious skin rash, skin lesion, swollen lymph nodes and/or glands, and/or a temperature above 37.8°C and shall be advised to consult with a healthcare provider.
4. Referral to the Local Health Office or LESU (*Annex E*) shall be coordinated by the designated OSH Officer and/or OH Personnel upon detection of a suspect or probable case. Following DM No. 2024-0306 and in compliance with RA 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act) and RA 10173 (Data Privacy Act of 2012), the LESU shall initiate complete and accurate



case investigation, specimen collection and referral, and report to the Online Event-based Surveillance and Response (Online ESR).

5. In the event that there is a confirmed case of mpox in the workplace, the following contact-tracing procedures shall be implemented:
 - a. Upon identification of a suspect, probable, or confirmed case, the designated OSH Officer and/or OH Personnel shall initiate contact tracing within the office/floor/building to identify possible close contacts. Contact tracing shall also commence while waiting for test results of the suspect or probable cases.
 - b. The OSH Officer and/or OH Personnel shall notify the contacts of suspect, probable, or confirmed cases and advise them to self-monitor and adhere to stringent minimum public health standards.

D. Isolation

1. If a suspect or probable case (staff/employee and/or clients) is identified through health screening upon entry to the workplace and/or through physical observation prior to provision of close-contact services, the individual should be immediately isolated from others in a designated area to prevent potential spread.
2. The designated OSH Physician may recommend isolation at home for suspect, probable or confirmed mpox cases with mild, uncomplicated disease and not at high risk for complications, consistent with Section III.C. of the DOH DM No. 2024-0306 and its future updates.
3. Employees considered as close contacts and undergoing isolation may be monitored for the development of complications and other symptoms by the OSH Officer and/or OH Personnel or by the individual's registered primary care provider.

E. Treatment


1. In accordance with Section III-D of the DOH DM 2024-0306 and its future updates, treatment for mpox is mainly supportive and is directed at relieving symptoms such as fever, pain, and pruritus (itchiness).
2. All suspect, probable and confirmed mpox cases shall have access to follow-up care in the workplace. All patients with mpox shall be counseled to monitor for any persistent, new, or changing symptoms. If this occurs, medical care may be sought through OSH Clinics or within Health Care Provider Networks.
3. Workplaces shall clean and disinfect surfaces that were in direct contact with the patient using appropriate FDA-registered and approved standard household cleaning materials.

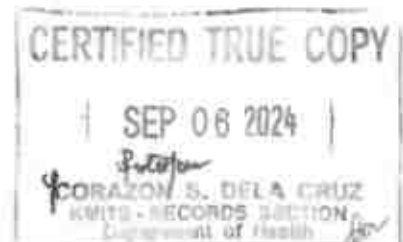


F. Reintegration

1. The symptomatic employee shall only return to work once they meet the following criteria:
 - a. Complete resolution of symptoms; and,
 - b. Completion of self-monitoring and isolation period as certified by, any of the following:
 - i. OSH physician
 - ii. Primary care provider
 - iii. Municipal or local health officer
 - iv. Attending physician
2. Subject to existing and applicable laws, rules, and regulations, workplaces shall endeavor to provide the following enabling supportive services and mechanisms:
 - a. Sick leave benefits to compensate for the duration of the monitoring and isolation period.
 - b. Access to mental health and psychosocial support services
 - i. Employees should have access to mental health professionals, such as counselors or therapists, either through an Employee Assistance Program (EAP) or by partnering with external mental health providers. This can include virtual counseling sessions or hotlines dedicated to providing immediate support.
 - ii. Group support sessions or workshops should be organized to provide space for employees to share their experiences, ask questions, and learn coping strategies.
 - c. Flexible work arrangements
 - i. Affected employees shall be allowed to follow flexible work arrangements (i.e., flexiplace setup) to help in the management of their condition while still maintaining professional responsibilities.

For guidance and dissemination.


TEODORO J. HERBOSA, MD
Secretary of Health



ANNEX A
Template Health Screening Form

HEALTH DECLARATION FORM

PORMA NG PAGPAPAHAYAG NG KALUSUGAN

Date: _____
Petsa

Temperature (C): _____
Temperatura

Full Name: _____
Buong Pangalan

Address: _____
Tirahan

Contact no.: _____
Numerong malatawagan

Travel history/ place(s) last visited: _____
Mga lugar na pinuntahan o binisita

Current signs and symptoms (Please check ALL that apply):
Mga kasalukuyang palatandaan at sintomas (Paki-tsek ang LAHAT ng naaangkop)

_____ **Rash/ lesions**
Pantal o sugat

_____ **Sore throat**
Pananakit ng lalamunan

_____ **Fever (Temperature ABOVE 37.7 C)**
Lagnat

_____ **Swollen lymph nodes**
Pamamaga ng kulani

Have you had any of the signs/ symptoms stated above within the last 30 days?
Nagkaroon ka ba ng alinman sa mga palatandaan/sintomas na nabanggit sa itaas sa loob ng nakaraang 30 araw?

_____ **Yes (Oo)**
_____ **No (Hindi)**

I hereby authorize the establishment to collect and process the data indicated herein for the purpose of contact tracing to control mpox transmission.

Ako ay nagbibigay ng pahintulot sa establisyemento na mangolekta at i-proseso ang mga impormasyong nakasaad dito para sa layunin ng "contact tracing" upang makontrol ang pagkalat ng mpox.

I understand that my personal information is protected by RA No. 10173, or the "Data Privacy Act of 2012", and that I am required in compliance with RA No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act", to provide truthful information.

Nauunawaan ko na ang aking personal na impormasyon ay protektado ng RA No. 10173 o ang Data Privacy Act ng 2012, at ako ay kinakailangang sumunod sa RA No. 11332 o ang Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, upang magbigay ng tapat na impormasyon.

Signature above Printed Name & Date
Lagda sa Itaas ng Nikasulat na Pangalan at Petsa

ANNEX B
Template Health Reminders in Conspicuous Areas

<p>ALL RCCE RESOURCES</p>	<p><u>bit.ly/RCCEmpoxPH</u></p>
<p>Touchpoints Materials Guide</p> <p><u>bit.ly/MpoxTouchpoints Materials</u></p>	
<p>Behavioral Nudges (Barbershop)</p> <p>Link to access: <u>https://bit.ly/47c2aUs</u></p> <p>QR to access</p>	
<p>Behavioral Nudges (Spa)</p> <p>Link to access: <u>https://bit.ly/47c2aUs</u></p> <p>QR to access</p>	



Behavioral Nudges (Gym)

Link to access:

<https://bit.ly/47c2aUs>

QR to access



MPHS Posters

Link to access:

<https://bit.ly/MpoxMPHSPosters>

QR to access:



<p>Brochures (Spa)</p> <p>Link to access: https://bit.ly/MpoxBrochures</p> <p>QR to access:</p> 	
<p>Brochures (Barbershop)</p> <p>Link to access: https://bit.ly/MpoxBrochures</p> <p>QR to access:</p> 	
<p>Brochures (Nail Salon)</p> <p>Link to access: https://bit.ly/MpoxBrochures</p> <p>QR to access:</p>	

	
<p>Brochures (Gym)</p> <p>Link to access: https://bit.ly/MpoxBrochures</p> <p>QR to access:</p> 	
<p>Mpox Lesions</p> <p>Link to access: https://bit.ly/MpoxGHW</p> <p>QR to access:</p> 	

ANNEX C
Mpox Case Definitions

Case Classification	Case Definition
<p style="text-align: center;">Suspect Case</p>	<ol style="list-style-type: none"> 1. A person who is a close contact of a probable or confirmed mpox case in the 21 days before the onset of signs or symptoms, and who presents with any of the following: acute onset of fever ($>38.5^{\circ}\text{C}$), headache, myalgia (muscle pain/body aches), back pain, profound weakness, or fatigue; <i>OR</i> 2. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding. <i>OR</i> 3. For which the common causes of acute rash (i.e. varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants) and any other locally relevant common causes of papular or vesicular rash) do not explain the clinical picture. <p>As per WHO, it is <u>not necessary</u> to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected. Further, if suspicion of mpox or MPXV infection is high due to either history and/or clinical presentation or possible exposure to a case, the identification of an alternate pathogen which causes rash illness should not preclude testing for MPXV, as co-infections have been identified.</p>
<p style="text-align: center;">Probable Case</p>	<ol style="list-style-type: none"> 1. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding.

	<p>AND</p> <p>2. One or more of the following:</p> <ul style="list-style-type: none"> a. has an epidemiological link (face-to-face exposure, including health care workers without respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils) to a probable or confirmed case of mpox in the 21 days before symptom onset; or, b. has had multiple sexual partners (2 or more) in the 21 days before symptom onset.
Confirmed Case	A person with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR) and/or sequencing.
Close Contact	<p>A close contact is defined as a person who, in the period beginning with the onset of the source case's first symptoms, and ending when all scabs have fallen off and a fresh layer of skin has formed underneath, has had one or more of the following exposures:</p> <ul style="list-style-type: none"> • Face-to-face exposure (including health care workers without appropriate PPE); • Direct physical contact, including sexual contact; • Contact with contaminated materials such as clothing or bedding.
Discarded Case	A suspect or probable case but tested negative for mpox virus through RT-PCR or sequencing.

ANNEX D

Cleaning and Disinfection Protocols for High-Touch Surfaces, Treatment Tools, Shared Spaces, and Other Service-Specific Equipment (e.g., razors, clippers, brushes)

Cleaning and Disinfection Protocols

1. **Hand hygiene should be strictly observed before conduct of any service/ procedure.***
 - a. Wash hands thoroughly with soap and water before offering any service per client.
 - b. After washing, dry hands using a single-use paper towel, clean cloth towel, or air dryer.
 - c. Use an alcohol-based (70% ethyl or isopropyl alcohol) hand sanitizer

** Hand washing is **mandatory** prior to client service or procedure. Hence, gloves and/or hand wipes cannot serve as substitutes.*

2. **Surfaces, shared spaces, and service tools/ equipment should be cleaned first followed by disinfection between each and every client.**
 - a. **Pre-Disinfection Cleaning**
 - i. Remove visible debris from tools (e.g., razors, shears) and surfaces (e.g., counters, chairs).
 - ii. Wash tools and surfaces with soap and water or a cleaning agent to eliminate organic matter.
 - iii. Rinse thoroughly and ensure surfaces and tools are completely dry before proceeding to disinfection.
 - b. **Disinfection Procedure**
 - i. Disinfect tools (e.g., razors, scissors, nail clippers) and high-touch surfaces (e.g., counters, chairs, sinks, door handles) using FDA-registered, hospital-grade disinfectants.
 - ii. Apply disinfectant via spray, wipe, or immersion, ensuring that all surfaces remain wet for the full contact time specified on the product label to achieve effective disinfection.
 - iii. For non-porous tools and surfaces, disinfection should be performed after each use.
 - iv. High-traffic areas and shared surfaces must be disinfected frequently throughout the day, at least once per shift or more often if visibly soiled.
 - c. **Proper Use of Disinfectants**
 - i. Follow the manufacturer's instructions for dilution, application, and contact time to ensure maximum effectiveness.
 - ii. Label containers if disinfectants or cleaning agents are transferred from their original packaging. Include the name of the product and usage instructions.
 - d. **Disinfecting Electrical Tools**
 - i. For electrical tools such as hair dryers or clippers, clean to remove debris, then use disinfectant wipes or sprays safe for electrical equipment.
 - ii. Ensure that electrical equipment is disconnected from power before cleaning.

e. Use of Single-Use Items

- i. Single-use items, such as gloves, applicators, or cotton pads, should be disposed of immediately after use and not reused.
- ii. Ensure proper disposal of these items in lined trash bins to prevent contamination.

f. Additional Precautions

- i. Regularly disinfect client-facing tools such as nail files or foot baths after each use.
- ii. Maintain a daily cleaning and disinfection log to track when surfaces and tools have been sanitized.
- iii. Wear gloves when disinfecting tools and surfaces to reduce the risk of exposure to cleaning agents and contaminants.
- iv. Linens, towels, robes, and similar items shall never be used for more than one client. Workplaces shall place used linens in a laundry bag and wash within 24 hours of each use. Workplaces shall also discard wastes and disposable items that have been in direct contact with skin in a sealed plastic bag.
- v. Avoid shaking linens, dry dusting, sweeping, or using fans that may spread infectious particles.

ANNEX E: Local Epidemiology and Surveillance Unit (LESU) Directory

NCR MPOX HOTLINES



Metro Manila DOH Hotlines:	RESU: 8531 0037 local 116/117 (Mon - Fri) HEMU: 8531 0037 loc. 119 (24/7)	Pasig CESU	0961 811 8537 (Mon - Fri, 8am to 5pm) email: cesupasig@gmail.com
DHT 1		Pateros	86425159 DRRMO (Mon - Fri, 8am to 5pm)
Caloocan	09297095709 (24/7)	DHT 3	
Malabon	Globe - 09451979367 (24/7) Smart - 09218649097 (24/7)	Manila	CESU Manila (02)8813-6927 (7am to 4pm, Mon to Fri)
Navotas	09338100229 (24/7)	Makati	88701446 (thru Dr. Cabredo)
Valenzuela	137-160 (CESU Hotline) 24/7 8245-4209 or 8245-4325	Mandaluyong	09171862632 (CESU HelpLine, 24/7) 0963-164-6410 0956-150-2808 (Mon to Sun, 8am to 5pm)
DHT 2		San Juan	137-135 Loc 356 (Health)
Quezon City	Weekends - Dial 122 (8am to 8pm) Weekdays QC ESU: (8am - 5 pm, Mon to Fri) 8703- 2579 8703-4398 0999-229-0751 8988- 4242 local 1609	DHT 4	
Marikina	8997-10-13 (CESU) (Mon to Fri, 8am - 5pm)	Las Pinas	09496246824 (Smart) 09776726211 (Globe) Landline - 88945782 Monday to Sunday including Holidays 8AM to 5PM
Taguig City	CESU Service Hotline 0919 079 9193 Taguig Command Center (02) 87893200	Muntinlupa	(02) 85413485, (02) 85414817 (LF Romy Javier/KC. Escueta) muntipidsr22@gmail.com cesumuntinlupa19@gmail.com
Pasig City	Emergency Hotline - 8643 0000 (24/7 including weekends) Pasig Katext Hotline: 0908 899 333	Paranaque	(02) 8826-8219
		Pasay	888-72729 / 8551202



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



August 29, 2024

DEPARTMENT MEMORANDUM
No. 2024 - 0312

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHDs); MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines for Mpox Monitoring, Isolation, and Infection Prevention and Control in Home Settings

I. BACKGROUND

As of August 30, 2024, there have been a total of fourteen (14) confirmed cases of mpox. Some have already undergone home isolation in accordance with the latest guidelines on mpox (D.M. 2024-0306). The latest epidemiological data shows that the detected cases of mpox in the Philippines belong to the clade II strain, which was the clade that was responsible for the global outbreak in 2022. Notably, two (2) cases of the newer clade Ib strain have been detected in Sweden and Thailand, which was the strain that is involved in the recent outbreak in the African region that prompted the WHO declaration of Public Health Emergency of International Concern (PHEIC).

Mpox is primarily transmitted through close intimate contact such as sexual contact, kissing, hugging, cuddling, and other activities that involve close skin-to-skin contact with an infected individual. Other potential modes of spread of the virus include transmission through contact with contaminated objects, exposure to sick animals, and through respiratory droplets. However, additional research is needed to further determine the other forms of spread for the monkeypox virus.

In line with the above, it is important to provide guidance to both persons undergoing home isolation and those who are in close proximity with those experiencing mpox symptoms including family members and caregivers. This guidance shall be disseminated accordingly to communities, for strict compliance of all households.

II. GENERAL GUIDELINES

- A. Recommendations on home isolation shall be made on a case-by-case basis and be based on their clinical severity, presence of complications, care needs, risk factors for severe disease, and access to referral for hospitalization if condition deteriorates.
- B. Patients at high risk for complications (i.e. young children, pregnant women, and those who are immunosuppressed) or those with severe or complicated mpox should be admitted to the hospital for closer monitoring and clinical care under appropriate isolation precautions to prevent transmission of monkeypox virus. Patients with mpox who develop complications or severe disease shall be managed with optimized supportive care interventions such as pain management, nutrition support, palliative care based on the latest appropriate standards of care.
- C. All household members shall adhere to the infection prevention and control procedures outlined in this guidance when living with suspected, probable, or confirmed mpox cases and are currently undergoing prescribed home isolation, or close contacts undergoing self-monitoring.

III. SPECIFIC GUIDELINES

- A. **Monitoring of close contacts.** Close contacts shall be monitored or advised to self-monitor daily for any signs or symptoms of mpox for a period of 21 days from their last exposure to a suspect, probable, or confirmed mpox case or contaminated materials. Asymptomatic contacts who consistently and accurately monitor their health may continue with their routine daily activities, such as going to work and attending school, while adhering to the following precautions:
 - 1. Monitor for the development of symptoms of mpox.
 - a. People with mpox can get a rash on any part of the body, like the genitals, anus, hands, feet, chest, face, or mouth. The rash will go through several stages, including scabs, before healing. The rash can initially look like pimples or blisters and may be painful or itchy.
 - b. Other symptoms of mpox can include: fever, chills, swollen lymph nodes, exhaustion, muscle aches and backache, headache, respiratory symptoms
 - c. Temperature should be monitored at least twice a day.
 - 2. Regularly practice hand hygiene using an alcohol-based hand sanitizer or washing with soap and water.
 - 3. Practice respiratory etiquette especially when coughing or sneezing.
 - 4. Avoid close and intimate, skin-to-skin contact, such as sexual contact, kissing, hugging, and cuddling.
 - 5. Avoid physical contact with those who are immunocompromised or pregnant.
 - 6. Avoid contact with animals, including pets if feasible.
 - 7. Avoid donation of blood, tissues, cells, organs, semen, or breastmilk during the monitoring period.

If signs and symptoms occur during the 21-day monitoring period, they should report the symptoms immediately to their healthcare provider for proper

management and referral for laboratory testing, and follow measures indicated in Section B of this guidance.

B. Home isolation for suspect, probable, or confirmed mpox cases with mild, uncomplicated disease and not at high risk for complications. Patients isolating at home should be ambulatory, have nutritious food and adequate water intake, be able to feed, bathe and dress by themselves, and require minimal to no assistance from a caregiver.

1. Isolation

- a. Suspect, probable, or confirmed mpox cases with mild and uncomplicated disease, and not at high risk for complications shall isolate at home, for the duration of infectious period (at least 21 days from onset of symptoms or until lesions have healed and scabs fall off, whichever is longer).
- b. Patients shall stay in a dedicated, well-ventilated room (e.g. with windows that can be opened frequently) separate from other members of the household.
- c. If home isolation is not feasible due to factors such as the lack of a separate room or crowded living conditions, patients should be referred to the nearest available isolation or healthcare facility for appropriate care.
- d. Avoid close contact with humans and animals, including pets.
- e. Avoid use of shared spaces, items, and food with other household members. Do not share potentially contaminated items, such as bed linens, clothing, towels, wash cloths, drinking glasses or eating utensils.
- f. Designate one person to facilitate the self-care of the patient, preferably someone who is in good health and has no underlying chronic conditions. For example, this may include preparing meals, going to the grocery store, getting medications, etc.
 - i. If the designated person that is facilitating self-care needs to enter the isolation area, they should maintain a distance of at least 1 meter from the patient. When distance cannot be maintained, the designated person is to wear a well-fitting medical mask and disposable gloves.
 - ii. They should clean their hands with either soap and water or an alcohol-based hand sanitizer, before and after contact with the patient or surrounding environment and before putting on and after removing their gloves.

2. Recommended hygiene practices for isolating patients

- a. Patients should wash hands frequently with soap and water, especially after touching any surfaces in the isolation area or handling contaminated items. Use alcohol-based hand sanitizers if soap and water are unavailable.
- b. Cover mouth and nose with a tissue or elbow when coughing or sneezing. Dispose of tissues properly and wash hands immediately.
- c. Wear a well-fitting source control mask (e.g., medical mask) when in close contact with others at home.

- d. In an event where the patient needs to be or transit outside of the designated isolation area, the patient shall wear a well-fitting medical mask and cover lesions.
 - e. When possible, the patient shall change their own bandages and handle contaminated linens while wearing disposable gloves, followed by immediate handwashing after removal of gloves. Any clothing that contacts the rash during dressing changes should be immediately laundered. Gloves should be disposed of after use, followed by handwashing.
 - f. If possible, use a separate bathroom. If there is no separate bathroom in the home, the patient should clean and disinfect surfaces such as counters, toilet seats, faucets, using the appropriate FDA-registered and approved standard household cleaning materials, after using a shared space. This may include during activities like showering, using the toilet, or changing bandages that cover the rash. Consider disposable glove use while cleaning if rash is present on the hands.
 - g. Avoid skin manipulation (e.g. peeling off scabs) or scratching the scabs. Keep the lesions dry and clean to avoid further transmission and superinfection. In case of weeping wounds (wounds with pus-like or clear fluid), cover with a sterile gauze or bandage.
3. Recommended guidance for household members
- a. Minimize interactions with the patient.
 - b. Wash hands frequently with soap and water, especially after touching any surfaces in the isolation area or handling contaminated items. Use alcohol-based hand sanitizers if soap and water are unavailable.
 - c. Wear a respirator (such as N95) or a well-fitting mask when in close contact (e.g., within 6 feet) with the patient.
 - d. Avoid extensive contact and wear, at a minimum, disposable medical gloves and a well-fitting mask or respirator, when providing assistance to the patient.
4. Cleaning and disinfection
- a. Patients should routinely clean and disinfect commonly touched surfaces and items, using the appropriate FDA-registered and approved standard household cleaning materials [e.g. common household disinfectant, bleach products (sodium hypochlorite solution), etc.]
 - i. Preparation of the 0.5% sodium hypochlorite solution (1:10 solution):
 - Using commercially available household bleach at 5% active chlorine, dilute 1 part of bleach to 9 parts of clean water; or
 - Using chlorine powder/ granules/ tablet at 60% - 70% active chlorine, dissolve 1 tablespoon of chlorine (equivalent to 10 grams) to 2 liters of clean water. Mix the solution thoroughly using a stick.
 - b. The patient should carefully lift and roll their linens and bedding to prevent the dispersion of infectious particles from lesions and body fluids. Wear gloves and avoid shaking the laundry.

- c. Linens, towels, and clothing from the patient should be laundered separately from other household laundry. Clothing and linens of the person with mpox can be reused after washing with soap and preferably hot water (> 60°C) OR soaked in chlorine, if hot water is not available.
- d. Waste that is generated from caring for a patient with mpox, such as bandages and PPE, should be placed in strong/durable bags and securely tied before disposal and eventual collection by local waste services.

5. Monitoring symptoms

- a. Monitor symptoms daily, including fever, rash, and respiratory symptoms. If symptoms worsen or if there are signs of severe illness, such as difficulty of breathing, seek medical care immediately. Notify healthcare providers before visiting to ensure they can take appropriate precautions.
- b. Clinical follow up should be conducted using methods other than in-person visits (e.g. telemedicine, telephone).
- c. Treatment for mpox is mainly supportive and is directed at relieving symptoms such as fever, pain, and pruritus. Patients may be provided with the following for symptomatic relief:
 - i. Antipyretics for fever;
 - ii. Analgesics for general pain management;
 - iii. Stool softeners for patients with proctitis;
 - iv. Topical agents such as emollients be applied to reduce itchiness;
 - v. Oral antiseptics, local anesthetic, prescription analgesic mouthwash, or clean saltwater for oropharyngeal symptoms; and
 - vi. Oral antihistamines for pruritus associated with mpox lesions.
- d. Instruct patients to keep skin lesions clean and dry to prevent bacterial infection. They should also be instructed to wash hands with soap and water or use alcohol-based hand sanitizer before and after touching the skin rash to prevent infection. The lesions may then be cleaned gently with sterile water or antiseptic solution. Rash should not be covered but rather left to open air to dry.
- e. Adequate nutrition and appropriate rehydration should be provided based on a thorough assessment of the individual's nutritional and fluid status.

6. Mental Health and Well-being

- a. Patients are encouraged to maintain communication with family and friends through phone or video calls to reduce feelings of isolation.
- b. Seek mental health support if needed. Telehealth services may be available for counseling or psychological support.

7. Reintegration

- a. Isolation can be discontinued once an attending physician, primary care provider, or municipal/local health officer provides clearance, including the authorization to return to work.