



Republic of the Philippines
Department of Education
 REGION XI
 SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

January 12, 2025

DIVISION MEMORANDUM

No. 0011, s. 2025

DISSEMINATION OF DOH ADVISORY ON THE REPORTED ALLEGED NEW EPIDEMIC IN CHINA

To: JANETTE G. VELOSO, CESO VI - ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
 EDUARD C. AMOGUIS, EdD - CURRICULUM IMPLEMENTATION DIVISION CHIEF
 PUBLIC SCHOOLS DISTRICT SUPERVISORS
 SCHOOL HEADS
 TEACHING PERSONNEL
 NON-TEACHING PERSONNEL
 SCHOOL HEALTH SECTION PERSONNEL

1. The Department of Health (DOH) has issued an advisory regarding the alleged new epidemic in China, stating that reliable sources do not support circulating social media posts about the issue. Considering this, the Office instructs all personnel to practice cough etiquette and stay informed through trusted channels such as the DOH, Centers for Disease Control and Prevention (CDC), and World Health Organization (WHO).
2. Please refrain from sharing questionable websites or online sources to avoid spreading misinformation. Our disease surveillance systems are in place and working, and the DOH will provide updates as necessary.
3. Immediate dissemination of this Memorandum to all concerned is desired.

REYNALDO B. MELLORIDA, CESO V
 Schools Division Superintendent



Enclosure: As stated
 SGOD-SHS/hsv

Page 1 of 1



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Republic of the Philippines
Department of Education
DAVAO REGION

REGIONAL MEMORANDUM
ESSD-2025-007

January 8, 2025

**ADVISORY ON THE ALLEGED NEW EPIDEMIC IN CHINA AND REITERATION
OF PROJECT SHIELD IN ALL SCHOOLS AND OFFICES**

To: Schools Division Superintendents
Chief Education Supervisors of Functional Divisions

- a. Attached is an Advisory from the Office of the Undersecretary of Health – Public Health Services Cluster of the Department of Health dated January 3, 2025, regarding on the alleged declaration of a state of emergency of China due to overwhelming demand on hospitals and crematorium caused by rapid increase of multiple virus including Influenza A, human metapneumovirus (hMPV), Mycoplasma pneumoniae, and COVID-19.
2. Anent to this, the Public Health Services Cluster recommends strengthening the risk communication by emphasizing on the preventive strategies to lower the risk of acquiring any respiratory diseases to alleviate public concerns and limit the spread of any respiratory infection, as follows:
 - a. Practice good hygiene by covering your mouth when coughing and sneezing, proper handwashing technique or sanitizing often, and cleaning frequently touched surfaces;
 - b. Facilitate good ventilation by opening doors and/or using exhaust fans;
 - c. Get influenza virus vaccination; and
 - d. In case one has an active respiratory infection, he/she shall wear mask, stay home whenever possible, practice physical distancing as appropriate, and report symptoms to health authorities as appropriate.
3. Furthermore, this Office shall vigorously reiterate the implementation of **Project SHIELD** (Strategic Health Intervention to Emerging health threats thru IEC for Learners and educators in Davao Region) in schools and Offices as its proactive countermeasures on the current public health concern. School heads and their assigned health personnel shall conduct daily monitoring of health status of learners and personnel, and maintain a record on health status through **submission of reports to the Regional Office on suspected, probable, and confirmed cases of notifiable diseases through Google Sheets via <https://bit.ly/SchoolDseSurv2024>**.
4. Immediate and wide dissemination of this Memorandum is desired.

DEPARTMENT OF EDUCATION
RECORDS SECTION
RELEASED

REBONFAMIL R. BAGUIO

Director III
Officer-In-Charge
Office of the Regional Director

Encl.: As stated
ROE/smtc



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II. STATUS OF HEALTH EVENT IN CHINA AS OF JANUARY 2, 2025

On January 2, 2025, a surveillance report⁴ posted by the China CDC for its National Sentinel Surveillance of Acute Respiratory Infectious Diseases covering the period of December 23 to 29, 2024 (Week 52) indicated that (via google translate):

- Most of the pathogens detected positive in respiratory tract samples of influenza-like cases in sentinel hospitals were influenza virus, hMPV, and rhinovirus. For the samples collected from hospitalized severe acute respiratory infections, most of the pathogens detected were influenza virus, *Mycoplasma pneumoniae*, and hMPV.
- Current acute respiratory infectious diseases showed a continuous upward trend, and the trend of infection was different between the detected causative agents:
 - Influenza is generally in the seasonal epidemic period, and the positivity rate of influenza virus has increased rapidly, among which, the positivity rate of influenza virus in influenza-like cases in outpatient and emergency departments nationwide increased by 6.2% compared to previous week; **The level of influenza activity varied between provinces, with a slight increase in the northern provinces, but still lower than the same period last year.**
 - **The positivity rate of respiratory syncytial virus (RSV) in cases aged 4 years and below and of hMPV in cases aged 14 years and below showed a fluctuating upward trend, with an increasing trend more obvious in northern provinces.**
 - The positivity rate of rhinovirus continues to decline
 - The positivity rate of *Mycoplasma pneumoniae* in the northern provinces continued to decline, while the infection rate of *Mycoplasma pneumoniae* in the southern provinces remained at a low level.
 - The adenovirus positivity rate showed a fluctuating downward trend.
 - **Other respiratory pathogens, such as the COVID-19, are at low epidemic levels.**
- The positivity rate of rhinovirus continues to decline; The positivity rate of *Mycoplasma pneumoniae* in the northern provinces continued to decline, while the infection rate of *Mycoplasma pneumoniae* in the southern provinces remained at a low level. The adenovirus positivity rate showed a fluctuating downward trend. Other respiratory pathogens, such as the novel coronavirus, are at low epidemic levels.
- The **southern provinces** include Shanghai, Jiangsu, Zhejiang, Anhui, Fujian, Jiangxi, Hubei, Hunan, Guangdong, Guangxi, Hainan, Chongqing, Sichuan, Guizhou and Yunnan. While the **northern provinces** include Beijing, Tianjin, Hebei, Shanxi, Inner Mongolia, Liaoning, Jilin, Heilongjiang, Shandong, Henan, Tibet, Shaanxi, Gansu, Qinghai, Ningxia, Xinjiang and the Xinjiang Production and Construction Corps.

III. BUSINESS ARISING

While the surveillance report posted by the China CDC provided context on the trend of acute respiratory infections under surveillance, no information was provided as to the hospital capacity and the alleged state of emergency declared in the northern provinces in response to the increasing hMPV cases. Therefore, the Philippines communicated with the WHO Western Pacific Regional Office, through its International Health Regulations Contact Point, and

⁴ China CDC: National Sentinel Surveillance of Acute Respiratory Infectious Diseases (Week 52, 2024) (Accessed on January 3, 2025: [Chinese Center for Disease Control and Prevention](#))

requested verification of the information captured through the different social media platforms and news articles.

IV. ONGOING ACTIONS AND NEXT STEPS TO BE TAKEN BY DOH:

a. Ongoing Actions and Next Steps

1. The Epidemiology Bureau continuously monitors the health event.
 - a. At the global level, regular scanning of news and social media is conducted, as well as coordination with the WHO and appropriate National IHR Focal Points.
 - b. The Philippine Integrated Disease Surveillance and Response (PIDSR) System can detect respiratory diseases through the following:
 - i. Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance is continuously conducted nationwide as part of case-based surveillance (CBS).
 - ii. Clustering of respiratory illnesses or other unusual conditions can also be detected through the Event-based Surveillance and Response (ESR).
 - c. As of Morbidity Week 51, a total of 175,487 ILI cases have been reported nationally. This is 17% lower compared to the 211,764 ILI cases reported in the same period last year. ILI cases remain on a downward trend, with cases in the recent 3-4 weeks showing 13% decrease from 2 weeks prior (6,751 vs 7,729 cases). 166 cases died (CFR: 0.09%). This is 38% lower compared to the 267 ILI deaths reported in the same period in 2023 (0.13%).
 - d. Of the 497 ILI samples tested from December 1-21, 2024, 45% were positive for respiratory pathogens. Of the positive samples, the top 5 pathogens detected were rhinovirus (21.9%), enterovirus (21.4%), influenza B (19.6%), RSV (18.3%), and influenza A (6.7%). Human metapneumovirus was detected in only 7 (3.1%) of the positive samples.
2. Research Institute for Tropical Medicine (RITM) has the capacity to conduct confirmatory testing for hMPV. The RITM can test up to 500 samples based on the recent inventory.
3. Bureau of Quarantine continuously implements health screening and provides health advisory at international points of entry (POE)
 - a. Incoming travelers who are ill can be detected through the health assessment questions in the eTravel platform as well as the thermal scanner at the airport
4. All health facilities, including POEs, were advised to report cases with similar signs and symptoms through the Philippine Integrated Disease Surveillance and Response (PIDSR).

b. Recommendations

The Public Health Services Cluster recommends strengthening the risk communication emphasizing on the preventive strategies to lower the risk of acquiring any respiratory diseases to alleviate public concerns and limit the spread of any respiratory infection, as follows:

1. Practice good hygiene by covering your mouth when coughing and sneezing, proper handwashing technique or sanitizing often, and cleaning frequently touched surfaces.
2. Good ventilation by opening doors and/or using exhaust fans at homes
3. Influenza Virus Vaccination
4. In case of active respiratory infection,
 - a. Wear Mask
 - b. Staying home, whenever possible
 - c. Practice physical distancing, as appropriate
 - d. Report symptoms to health authorities, as appropriate

Health facilities must also ensure adequate surge capacity and logistics are prepositioned in preparation for any increase in respiratory illness consultations and admissions.

The Public Health Services Cluster will keep the Secretary and relevant stakeholders updated once new information becomes available and the outbreak has been confirmed.

ANNEX

Human Metapneumovirus Information^{5,6}

Given the traction of the several social media posts and news articles regarding the alleged magnitude of hMPV in China, we would like to provide you with the following information:

- The human metapneumovirus (hMPV) was discovered in 2001 by Dutch researchers in nasopharyngeal aspirate samples from children with respiratory infections caused by unknown pathogens.
- The hMPV belongs to the Pneumoviridae family along with respiratory syncytial virus (RSV).
- The hMPV is not a new illness and is considered as a common cause of mild upper and lower respiratory tract infections in infants and children. However, more severe clinical courses, including life-threatening severe bronchiolitis and pneumonia, are possible.
- Elderly adults (>65 years old) with comorbidities such as asthma and chronic obstructive pulmonary disease (COPD) are particularly susceptible to the virus.
- HMPV is most likely spread from an infected person to others through:
 - Droplet transmission from coughing and sneezing
 - Close physical contact, such as touching or shaking hands
 - Fomites, by touching objects or surfaces that have the viruses on them then touching the mouth, nose, or eyes
- Signs and symptoms typically develop within 3 to 6 days after being exposed to the infected individual, which may include, cough, fever, runny or blocked nose, headache, shortness of breath, and Tiredness
- Limited data suggests that reinfection with hMPV can occur. It is believed most children become infected early in life and adult infections represent persons becoming infected with hMPV again. Repeated infection appears to result in milder illness although serious disease is a risk for patients who are immunocompromised.
- As the illness is self-limiting, supportive treatments are given to patients depending on the presentation and severity. Generally, treatment consists of antipyretic, antihistamines, decongestants, and other means of providing comfort to the patient until the illness resolves.
- Non-human primates can become infected with human metapneumovirus, and humans are their likely source of infection demonstrating a reverse zoonosis process also known as a zooanthroponosis.
- In the Philippines, hMPV was first detected in two children (0.4%) among the 465 patients with influenza-like illness who were collected with nasopharyngeal aspirates for a study conducted between 2006 and 2007.
- In another study involving 549 adult patients with a diagnosis of community-acquired pneumonia admitted to the Eastern Visayas Regional Medical Center from May 2010 to May 2012, six (6 or 1%) tested positive for hMPV.

⁵ US CDC: About Human Metapneumovirus (Accessed on January 3, 2025:

<https://www.cdc.gov/human-metapneumovirus/about/index.html>)

⁶ Illinois Department of Public Health: Human Metapneumovirus (Accessed on January 3, 2025:

http://www.idph.state.il.us/public/bb/bb_hMPV.html?~:text=What%20is%20the%20incubation%20period,being%20exposed%20to%20the%20virus)