



Republic of the Philippines
Department of Health
NATIONAL EPIDEMIOLOGY CENTER



MEMORANDUM OF AGREEMENT
BETWEEN DEPARTMENT OF HEALTH AND MEDICAL SOCIETIES IN THE
PHILIPPINES ON THE IMPLEMENTATION OF VPD SURVEILLANCE

A. BACKGROUD

The World Health Assembly passed a resolution in 1988 committing member countries to achieve global poliomyelitis eradication. In the Philippines, the last wild poliovirus was isolated in Cebu in May 1993. Since then, there has been no reported case of poliomyelitis due to wild poliovirus. The country was certified polio-free on October 29, 2000 in Kyoto, Japan, together with the other countries in the Western Pacific Region.

Last year, the Philippines was categorized as high risk for wild poliovirus importation considering the declining AFP surveillance performance, low OPV3 coverage and the geographic proximity to countries (Pakistan, Afghanistan, Nigeria) with ongoing transmission of poliovirus.

For that reason, a vigilant surveillance system is needed to detect a possible case of acute flaccid paralysis (AFP). Until global eradication is achieved, a threat of importation from countries with wild poliovirus transmission remains.

In addition to AFP, priority Vaccine Preventable Diseases (VPD) targeted for elimination are Measles and Neonatal Tetanus. To achieve the eradication and elimination goals of the country, surveillance for VPD must be enhanced.

B. PURPOSE

The purpose of this Memorandum of Agreement is to establish a collaborative relationship between the Department of Health (DOH) and the Medical Societies in the Philippines and hereinafter collectively referred to as the "Parties." This will likewise encourage the continuous involvement of the government and non-government medical societies in the Philippines (i.e. Philippine Medical Association, Philippine Neurological Association, and Child Neurology Society of the Philippines, Philippine Pediatric Society, Pediatric Infectious Disease Society of the Philippines, Philippine Association of Pediatric Ambulatory) in enhancing Vaccine Preventable Disease (VPD) surveillance in case detection, reporting, investigation, and specimen collection in the country.

C. OBJECTIVES

It is envisioned that the Parties will work together to execute the mechanisms that will promote and sustain VPD surveillance for the country.

BM Manibao

Ernest J. Glorioso

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D. ROLES AND RESPONSIBILITIES

Parties shall perform the following roles and responsibilities:

A. Pediatric Infectious Disease Society of the Philippines (PIDSP) shall:

- 1.) Uphold the Philippine Integrated Disease Surveillance and Response (PIDSR) thru immediate detection, notification/reporting of all notifiable diseases particularly VPD cases
- 2.) Identify any child less than 15 years of age with acute flaccid paralysis, or a person of any age in whom poliomyelitis is suspected by any member of the health team
- 3.) Notify immediately a **“hot case”** of AFP which is defined as a case that is <5 years old with <3 doses of OPV and has fever at the onset of asymmetrical paralysis; or a person of any age whose stool specimen(s) has poliovirus isolate. Immediate reporting within 24 hours is mandatory so that thorough investigation can be instituted

Medical practitioners shall assure the timely submission of complete and comprehensive medical records, including neurological examination of AFP cases to assist the VPD surveillance team in the institution of immediate and appropriate response

- 4.) Identify a suspect measles case defined as any individual, regardless of age, with the following signs and symptoms: history of fever (38°C or more), generalized non-vesicular rash of 3 or more days duration and at least one of the following: cough, coryza or conjunctivitis
- 5.) Identify a suspect neonatal tetanus case defined as the following: Any neonatal death from 3 to 28 days of age in which the cause of death is unknown, or any neonate reported as having suffered from Neonatal Tetanus from 3 to 28 days of age and not investigated
- 6.) Identify a confirmed neonatal tetanus case defined as any neonate that sucks and cries normally during the first 2 days of life, and becomes ill from 3 to 28 days of age and develops both an inability to suck and diffuse muscle rigidity (stiffness), which may include trismus, clenched fists or feet, continuously pursed lips, and/or curved back (opisthotonus), or any neonate from 3 to 28 days of age diagnosed as a case of tetanus by a physician.
- 7.) Provide support in the facilitation of specimen collection to all AFP and suspect measles cases detected as per attached guidelines (A.O. no.95 series 2003, A.O. no. 2012-0003, D.M no. 2011-0039)
- 8.) Notify the Disease Surveillance Coordinator of their respective hospitals on all suspect cases detected. If no coordinator has been designated, reports can be coursed through the Epidemiology and Surveillance Units of their respective regions. Reports can also be sent to the Public Health Surveillance and Informatics Division (PHSID) of the National Epidemiology Center at telephone numbers (02) 651-7800 local 2930 or at email address episo_doh@yahoo.com.

B. Manabao

J. Delacruz

W. Delacruz

B. The Department of Health shall:

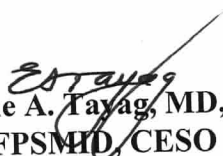
- 1.) Provide support in the facilitation of specimen collection to all disease reporting units (DRU) in the country as per A.O. no.95 series 2003 (as annexed)
- 2.) Hold meeting/s as necessary for reinforcement of VPD surveillance and other concerns that maybe beneficial in maintaining our polio-free status and achieving elimination of priority vaccine preventable diseases.
- 3.) Ensure participation and cooperation of all DRUs pursuant to the corresponding guidelines.
- 4.) Provide technical assistance in the implementation of surveillance systems and provide trainings for capacity building.

E. EFFECTIVITY

The term of this MOA will take effect upon its signing. This MOA may be terminated at any time by either Party for any reason upon written notice to the non-terminating Party.

In witness whereof, parties hereby affix their signatures this 14th day of July 2012 at Quezon City, Philippines.

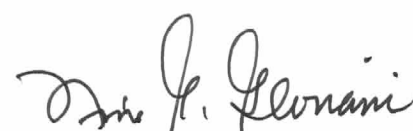
For the **DEPARTMENT OF HEALTH**



Enrique A. Tayag, MD, PHSAE,
FPSMD, CESO III
Assistant Secretary of Health

For the **PEDIATRIC INFECTIOUS
DISEASE SOCIETY OF THE
PHILIPPINES**


Beatriz P. Quiambao, MD
President

Signed in the presence of:


Nina G. Gloriani, MD, PhD
Chairperson
National Certification Committee (NCC) for
Poliomyelitis Eradication


Aida M. Salonga, MD, FPNA, FCNSP
Chairperson
Expert Panel Committee