



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS

MASTER COPY

20 August 2019

CUSTOMS MEMORANDUM CIRCULAR
No. 192 - 2019

To: The Assistant Commissioner
All Deputy Commissioners
All Directors and Division Chiefs
All District/Port Collectors
And Others Concerned

SUBJECT: Support to the Nationwide Dengue Epidemic Response

Attached is the Memorandum Circular No. 01 s. 2019 dated 06 August 2019 of Mr. Delfin N. Lorenzana, Secretary, Department of National Defense Chairperson, NDRRMC entitled:

**"ENJOINING ALL MEMBER AGENCIES TO SUPPORT THE
NATIONWIDE DENGUE EPIDEMIC RESPONSE".**

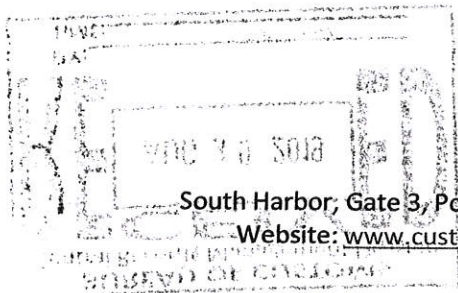
For your information and guidance.

For record purposes, please confirm the dissemination of this circular throughout your offices within fifteen (15) days from receipt hereof.


REY LEONARDO B. GUERRERO
Commissioner



BOC-09-05479



South Harbor, Gate 3, Port Area, Manila 1099 .Tel. Nos.527-4537, 527-1935 (OCOM)

Website: www.customs.gov.ph . E-mail: Boc.cares@customs.gov.ph (PIAD)

CMC No. 192-2019 p. 2

MASTER COPY

BUREAU OF CUSTOMS
MESSAGE CENTER
RECEIVED
AUG 13 2019
NDRRMC
BY: [Signature]
TIME: 4:30

Internal Admin. No. 000054
Received by: VICKY PEYES
08/13/19
1024
217 290

REPUBLIC OF THE PHILIPPINES
NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL
National Disaster Risk Reduction and Management Center, Camp General Emilio Aguinaldo, Quezon City, Philippines

06 AUG 2019



MEMORANDUM CIRCULAR
NO. 01 s. 2019

TO ALL USECS / COS /
ASECS / HQ AA

TO : NDRRMC MEMBER AGENCIES

SUBJECT : ENJOINING ALL MEMBER AGENCIES TO SUPPORT THE
NATIONWIDE DENGUE EPIDEMIC RESPONSE

I. Reference

Department of Health National Dengue Epidemic Declaration dated 5 August 2019 (Annex A)

II. Background

From January 1 to July 20, 2019, the total number of dengue cases recorded has reached 146,062, which is 98% higher compared to the 73,818 cases recorded in the same period last year.

Based on the DOH Dengue Surveillance Report, Region VI (Western Visayas) had the most number of cases at 23,330, followed by Region IV-A (CALABARZON) with 16,515; Region IX (Zamboanga Peninsula) with 12,317; Region X (Northern Mindanao) with 11,455; and Region XII (SOCCSKSARGEN) with 11,083 cases.

As of July 20, 2019, based on the DOH Weekly Surveillance Report for Morbidity Week No. 29, the epidemic threshold has been exceeded in the following seven (7) regions -- Region IV-A (CALABARZON), Region IV-B (MIMAROPA), Region V (Bicol), Region VI (Western Visayas), Region VIII (Eastern Visayas), Region IX (Zamboanga), and Region X (Northern Mindanao).

The following three (3) regions have exceeded the alert threshold -- Region I (Ilocos), Region VII (Central Visayas), and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

Based on the same report an additional 10,502 cases have been recorded for Morbidity Week No. 29, which is 71% higher than the 6,128 cases recorded in the same period in 2018.

The high number of cases recorded has continued and continues to increase based on surveillance reports.

Health facilities and local government units (LGUs) in affected areas have been coping with the increasing dengue cases, but there remains an urgent need to

CMC NO. 192-2019 p.3

at

provide additional support to these facilities and LGUs to ensure proper dengue case management, and to prevent the further accumulation of cases;

On August 6, 2019, the Department of Health (DOH), by virtue of RA 11332, declares state of national epidemic and called for emergency meeting of the NDRRMC to support the same.

III. Purpose

To enjoin all member agencies to support the Department of Health and undertake a unified epidemic response to address the increasing cases, to control and prevent the spread of dengue.

IV. Directives

All member agencies of the NDRRMC are hereby enjoined to conduct the following interventions:

- a. Intensify Dengue Awareness campaigns and advocacy using all media platforms;
- b. Secure full community participation through *Aksyon Barangay Kontra Dengue/Dengue Brigades*;
- c. Dissemination and implementation of Enhanced 4S strategy;
- d. Synchronized conduct of the *Sabayang 4 o'clock Habit para Deng-Get Out* activities;
- e. Continuous coordination with LGUs and partners;
- f. Assist in the mobilization of logistics and conduct of chemical interventions; and
- g. Issuance of memoranda on the guidelines to implement the appropriate dengue prevention, control, and response measures based on the attached Checklists for Dengue Epidemic Preparedness and Response.

SECRETARY DELFIN N LORENZANA
Department of National Defense
Chairperson, NDRRMC



CMC No. 192-2019 p. 4

**NATIONAL DENGUE EPIDEMIC DECLARATION**

WHEREAS, the Department of Health holds the overall technical authority on health as it is the national health policy-maker and regulatory institution;

WHEREAS, from January 1 to July 20, 2019, the total number of dengue cases recorded has reached 146,062, which is 98% higher compared to the 73,818 cases recorded in the same period last year, with 14 out of the 17 regions registering higher dengue cases compared to the same period in 2018;

WHEREAS, based on the DOH Dengue Surveillance Report, Region VI (Western Visayas) had the most number of cases at 23,330, followed by Region IV-A (CALABARZON) with 16,515, Region IX (Zamboanga Peninsula) with 12,317, Region X (Northern Mindanao) with 11,455, and Region XII (SOCCSKSARGEN) with 11,083 cases.

WHEREAS, as of July 20, 2019, based on the DOH Weekly Surveillance Report for Morbidity Week No. 29, the epidemic threshold has been exceeded in the following seven (7) regions -- Region IV-A (CALABARZON), Region IV-B (MIMAROPA), Region V (Bicol), Region VI (Western Visayas), Region VIII (Eastern Visayas), Region IX (Zamboanga), and Region X (Northern Mindanao);

WHEREAS, the following three (3) regions have exceeded the alert threshold -- Region I (Ilocos), Region VII (Central Visayas), and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM);

WHEREAS, based on the same report an additional 10,502 cases have been recorded for Morbidity Week No. 29, which is 71% higher than the 6,128 cases recorded in the same period in 2018;

WHEREAS, the high number of cases recorded continues to increase based on surveillance reports;

WHEREAS, health facilities and local government units (LGUs) in affected areas have been coping with the increasing dengue cases, but there remains an urgent need to provide additional support to these facilities and LGUs to ensure proper dengue case management, and to prevent the further accumulation of cases;

NOW, THEREFORE, I, FRANCISCO T. DUQUE III, Secretary of Health, declare a NATIONAL DENGUE EPIDEMIC to ensure public safety and welfare amidst the increasing cases of dengue, and to ensure a whole-of-nation approach in addressing and halting the dengue epidemic.

The Department requests the Chair of the National Disaster Risk Reduction Management Council (NDRRMC) to convene a full council meeting, and discuss a unified epidemic response from all NDRRMC members and other agencies/organizations, including interventions to prevent and control dengue.

alt

CMC No. 192-2019 p. 5

All bureaus, units, offices, hospitals, and attached agencies of the Department of Health are directed to strictly adhere to and enforce emergency protocols and relevant DOH issuances — Administrative Order No. 2018-0021, Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy against Dengue, Chikungunya; Department Memorandum No. 2019-0144, Advisory on Dengue Preparedness and Outbreak Response; Department Personnel Order No. 2019-1001, Creation of Task Force for Prevention, Control and Response to Dengue Outbreak; Department Memorandum No. 2019-0307, Conduct of *Sabayang 4-O'clock Habit para Deng-Get Out Activities*; Guidelines in the Management of Hospital Surge Capacity during Dengue Epidemic; Guidelines on Dengue Case Management and Service Provision; and Monitoring Checklists for LGUs, schools, day care centers, hospitals, Centers for Health Development and Rural Health Units — as well as subsequent directives or orders issued in connection with this declaration.

All DOH Units are hereby authorized and directed to coordinate with LGUs and local Disaster Risk Reduction Management Council at all levels, ensure localized interventions in priority areas and hotspots, secure full community participation through *Aksyon Barangay Kontra Dengue/Dengue Brigades*, and ensure implementation of directives contained herein.

All hospitals shall establish dengue fastlanes and manage surge capacity based on guidelines.


Furthermore, all DOH units shall maintain heightened and sustained disease and vector surveillance, and intensified interventions, including observance of the cycle of space spraying. Mobilization of teams and logistics, and augmentation of laboratory logistics and human resource shall be immediately mobilized when warranted. Finally, priority areas/hotspots shall be identified through clustering of cases, and epidemic areas shall be immediately reported to the Central Office.

In coordination with LGUs, local DRRMCs, and other government agencies, all personnel of the Department must undertake a more vigorous disease-prevention campaign and reach out to vulnerable sectors of society, consistent with existing laws and regulations of this Department.

Use of all available resources of the Department, and approved leaves of DOH personnel, must be reviewed and realigned towards the foregoing goals, consistent with government procurement and accounting rules, and civil service rules.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Department of Health — Republic of the Philippines to be affixed.

DONE, in the City of Manila, this 5th day of August in the year of Our Lord, Two Thousand and Nineteen.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

CMC No. 192-2016 p. 6

MASTER COPY

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR CHDs

The Regional Director as the overseer of the dengue response for health in the region, the following are areas for his checking and ensure that appropriate actions are effectively and timely responded to.

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns	Is It Being Implemented?	
	√	×
A. Activation/Creation of Task Force/Committees		
1. Shift the Regional Dengue Task Force in to a Regional Incident Command System (ICS) structure		
2. Present and seek commitments from Health Cluster of Regional Disaster Risk Reduction Management Council		
3. Conduct regular meetings of the ICS and follow-up commitments from other agencies/partners		
4. Oversee Death Reviews in DOH hospitals/Provincial hospitals		
B. Assigning of Point Persons		
1. Designate CHD Focal Persons for the following:		
✓ Monitor adherence of health facilities to Dengue Clinical Case Management Guidelines/CPGs (Local Health Support Division))		
✓ Surveillance (Regional Epidemiologic Surveillance Unit)		
✓ Risk Communication, IEC and community preparation and handling of media concerns (Health Promotion Unit)		
✓ Supplies and logistics (Management Support Division)		

<input checked="" type="checkbox"/>	Administrative and budgetary concerns (Management Support Division)		
2. Assign the Regional Spokesperson (by hierarchy)			
<input checked="" type="checkbox"/>	Regional Director		
<input checked="" type="checkbox"/>	Assistant Regional Director		
<input checked="" type="checkbox"/>	Local Health Support Division Chief		
C. Case Management			
1. Coordinate with DOH hospitals and other health facilities for hospital preparedness on patient surge			
<input checked="" type="checkbox"/>	Triage		
<input checked="" type="checkbox"/>	Dengue fast lanes with visible signage		
<input checked="" type="checkbox"/>	Dengue wards are installed with LLINS/patients provided with insecticide-treated nets		
<input checked="" type="checkbox"/>	Availability of blood products and blood service network		
<input checked="" type="checkbox"/>	Referral mechanism		
<input checked="" type="checkbox"/>	Monthly conduct of Dengue Death Review lead by DOH hospitals		
2. Coordinate with PhilHealth on the Dengue Benefit Packages and hospitals on Medical Assistance for Indigent Patients			
3. Ensure the utilization of Surveillance data at all levels as basis for decision making, appropriate response and impact of interventions.			
D. Monitor Vector Control Measures			
1.	Installation of Long Lasting Insecticide-Treated Nets (LLINs) in dengue wards, schools, day care centers		
2.	Distribution of Insecticide-Treated Mosquito Nets in areas with clustering of cases		
3.	Larviciding activities in schools and households		

dt

4. Fogging/spraying machines (4 cycles with at least 7 days interval)			
Surveillance and Reporting			
1. Receive the weekly reporting of the Enhanced Dengue Surveillance from the provinces and chartered cities			
✓ Number of cases and deaths			
✓ Case Fatality Ratio			
✓ Laboratory result of cases			
✓ Entomological surveillance result by province/city/municipality			
✓ Breteau Index			
✓ House Index			
2. Issuance of weekly Dengue Reports			
✓ Surveillance Report to the member of the CHD MANCOM			
✓ Timely submission of weekly surveillance data to EB			
✓ Weekly status of the epidemic to local chief executives and RHUs			
✓ Weekly press releases			
3. Require a weekly inventory of dengue supplies, commodities and manpower			
✓ NSI RDT			
✓ IVF			
✓ ORS			
✓ Long-Lasting Insecticidal Nets (LLINs)			
✓ Insecticide-Treated Mosquito Nets			
✓ Chemicals (Larvicides, Adulticides)			
✓ Manpower (Entomologists, Spray Men)			

CMC NO. 192-2019 p.9

MASTER COPY

4. Collect monthly Death Review Report from DOH Hospitals/Provincial Hospitals		
F. Risk Communication, Advocacy and Community Preparation		
1. Lead/Oversee intensified and sustained Information, Education and Communication Campaign/Advocacy		
✓ Report on the inventory of IEC Materials		
✓ Information Placement in Tri-media channels		
✓ Daily/Weekly press releases		
G. Monitoring and Evaluation		
1. Monitor hospital/RHU operation		
✓ RHU Hydration Stations		
✓ Hospitals dengue fast lane, triage and wards		
✓ Hospital Emergency Incident System and Emergency Operation Center		
✓ Referral System		
✓ Transport Facilities		
✓ Conduct of regular meetings		
2. Logistic Distribution/Augmentation to provinces, cities, hospitals		
3. Inventory of CHD dengue commodities		
4. Emergency procurement of dengue commodities as necessary		
5. Monitoring and Evaluation of CHD Preparedness and Response		

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR HOSPITALS

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns		Is It Being Implemented?	
		√	×
A. Activation of Hospital ICS			
1. Issuance of memoranda	<ul style="list-style-type: none"> Activation of Hospital Emergency Incident Command System (HEICS) Setting up of One Stop Shop for administrative concerns (Billing, PhilHealth, MAIP) New schedule for elective admissions/surgeries 		
B. Assigning of Point Persons			
1. Order	<ul style="list-style-type: none"> Personnel reassignment/detail/recall orders 		
2. Identified personnel for the HEICS	<ul style="list-style-type: none"> Periodic HEICS conferences Guideline for surge capacity implemented 		
3. Emergency Operation Center (EOC) in action	<ul style="list-style-type: none"> Hospital events monitored and feedbacked to HEICS 		
C. Case Management			
1. Spaces for accommodation of surge cases identified (Training/Conference Halls, Gymnasium, etc.)			
2. Established Dengue Fast Lanes			
3. Established Triage Units/Areas			
4. Functional Hydration Corner			
5. Available functional transport services (ambulance, driver)			

6. Referral system in place		
7. Posted algorithm on Dengue management		
8. Posted IEC Materials in strategic areas		
9. Periodic inventory of medicine and logistics		
10. Emergency procurement of medicines and logistics as necessary		
11. Call for volunteers/hire contractual personnel as necessary		
D. Vector Surveillance Control		
1. Conduct daily 4 o'clock habit in wards/within hospital premises		
2. Personnel observance of self-protection		
3. Insecticide-Treated Mosquito Nets use by dengue patients		
E. Surveillance and Reporting		
1. Organize Hospital Epidemiologic Surveillance Unit with dedicated Disease Surveillance Officer		
2. Timely submission of weekly surveillance data (based on EB timeline)		
3. For DOH Level III hospitals, to organize dengue death review team and oversee conduct of death review of Level II government provincial hospitals.		
F. Risk Communication, Advocacy and Community Preparation		
1. Conduct of IEC/Advocacy/Mental Health Psychosocial Services by hospital's Public Health Units		
2. Signage/Directions visibly posted		
3. Posted IEC materials/video playing in strategic areas		
G. Monitoring and Evaluation		
1. Conduct and submit death review report to Dengue Program		
2. Monitoring and Evaluation of Hospital Preparedness and Response		

CMC No. 192-2019 p.12

MASTER COPY

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR RHU/CHO

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns	Is It Being Implemented?	
	√	x
A. Activation/Creation of Dengue Task Force/Committees		
1. Copy of issuance (Ordinance/Resolution/Executive Order) on Creation/Activation of Municipal/City Dengue Task Force/Committee		
B. Assigning of Point Persons		
1. Assigned personnel: <ul style="list-style-type: none"> • Sanitary Inspector to: <ul style="list-style-type: none"> -oversee search and destroy potential mosquito breeding sites in households, barangays, schools (e.g. tires, bottles, vases, cans etc.) -oversee declogging of wastewater drains, sewers, <i>esteros</i>, canals, etc. -oversee maintaining the general cleanliness of streets, public places, etc. - assist in vector surveillance and control • Municipal/City Epidemiologic and Surveillance Officer • Logistics Officer for Dengue Commodities 		
C. Case Management		
1. Referral System from the house/school/barangay to RHU to appropriate health facility as necessary		
2. Dedicated ambulance/emergency transport vehicle with driver		
3. Algorithm in the management of Dengue Fever posted in strategic areas for health workers		
4. Presence of Hydration Corner with supplies		

Aut

5. Availability of NS1, paracetamol, IV fluids, (as needed), thermometer, home care cards, etc.			
6. Provision of Ready to Use Therapeutic Food, Micronutrient Powder/Supplement to Dengue Fever cases among others			
D. Vector Surveillance Control			
1. Availability of fogging machines			
2. Availability of chemicals (larvicides and adulticides)			
3. Schedule of vector surveillance (collection of larvae) led by the Sanitary Inspector			
4. Map and list of areas with canals, stagnant pools, <i>esteros</i> , dumpsites			
5. Daily municipal-wide conduct of 4 o'clock habit			
6. Health personnel practicing self-protection			
7. Schedule of Fogging Operations (4 cycles with at least 7 days interval)			
8. Availability of trained Spray Men			
E. Surveillance and Reporting			
1. Organized MESU/CESU			
2. Spot map of household of Barangays with Dengue cases and fatalities			
3. Weekly analysis and reporting of cases, deaths to LCEs, Municipal/City Dengue Task Force, PESU			
F. Risk Communication, Advocacy and Community Preparation			
1. Local advisories and campaign materials posted in public places (e.g. schools, market, park, church, etc.)			
2. Intensified and sustained IEC and Advocacy activities in all barangays (e.g. <i>Bandillo</i> , Barangay Assemblies, Family Development Sessions, PTA Meetings, etc.)			
3. Availability of IEC materials in strategic areas			
G. Monitoring and Evaluation			
1. Conduct regular meeting with the LHB and ABC/Barangays and RHU/CHO staff for the ABKD			

CMC No. 192-2019 p. 14

MASTER COPY
OK

2. Barangay Spot Map of cases		
3. Monitoring and Evaluation of RHU/CHO Preparedness and Response		

CMC No. 192 - 2019 p. 15

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR SCHOOLS

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns		Is It Being Implemented?	
		√	x
A. Activation or Creation of Brigades/Committees			
1. Issuance of Memorandum	<ul style="list-style-type: none"> Organization of Dengue Brigade Regular conduct 4 o'clock habit/wearing of protective clothing 		
B. Assigning of Point Persons			
1. Organized/Active Dengue Brigade	<ul style="list-style-type: none"> Lead: IEC/Advocacy, 4 o'clock habit 		
2. Organized/Active PTA	<ul style="list-style-type: none"> Periodic PTA Conferences School Administrator and Teachers Conference/Reports 		
C. Case Management			
1. Designated school clinic	<ul style="list-style-type: none"> Schedule of school nurse's duties/school physician's visits Directory of nearest health facilities Febrile learners appropriately attended and referred to health facilities 		
D. Vector Surveillance and Control			
1. Conduct of daily 4 o'clock habit			
2. Strict observance of wearing of protective clothing such as long sleeves, pants, knee socks etc. Use of repellants as appropriate.			
3. Installed insecticide-treated screens			
4. Schedule of fogging operation as needed			

CMC No. 192-2019 p. 16

MASTER COPY



5. Daily inspection of classroom teacher for possible breeding site		
E. Surveillance and Reporting		
1. Logbook of febrile school children/students appropriately attended and referred		
2. Coordinate with Health Center when necessary/regularly		
F. Risk Communication, Advocacy and Community Preparation		
1. Conduct of Dengue Awareness Campaign		
2. Streamers, posters and IEC available/posted		
G. Monitoring and Evaluation		
1. Monitoring and Evaluation of School Preparedness and Response		

CMC No. 192-2019 p.17

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR DAY CARE CENTERS

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns		Is It Being Implemented?	
		√	×
A. Activation or Creation of Brigades/Committees			
1.	Copy of issuance from Department of Social Welfare and Development (DSWD) on the conduct of 4S (Search & Destroy, Self-Protection, Seek Early Consultation, Say Yes to Fogging) in day care centers		
B. Assigning of Point Persons			
1.	Parent Leaders Organization for Dengue Response		
C. Case Management			
	N/A		
D. Vector Surveillance Control			
1.	Daily 4 o'clock habit (Pupils, Day Care Workers & Parents)		
2.	Installed Insecticide-Treated Nets		
2.	Facilitate Fogging Operations in day care centers as needed		
3.	Strict observance of wearing of protective clothing such as long sleeves, pants, knee socks etc. Use of repellants as appropriate.		
E. Surveillance and Reporting			
1.	Logbook of febrile Day Care pupils appropriately referred to nearest health facility (Barangay Health Station, Rural Health Unit)		
F. Risk Communication, Advocacy and Community Preparation			
1.	Day Care Centers Workers and Parents meetings		
2.	IEC materials posted		

CMC No. 192-2019 p. 18

MASTER COPY

C. Monitoring and Evaluation			
1	Regular Day Care Center & Parents' Meeting		
2	Schedule of Barangay Health Workers/DOH Deployed/LGU Health Worker visits		
3	Monitoring and Evaluation of Day Care Centers Preparedness and Response		

Alt

CMC NO. 192-2019 p. 19

CHECKLIST FOR DENGUE EPIDEMIC PREPAREDNESS AND RESPONSE FOR LGU

This checklist will serve as a guide. The areas of concerns stipulated are the minimum. However, additional areas may be added to the checklist as the interventions are implemented, monitored and evaluated.

Areas of Concerns		Is It Being Implemented?	
		√	×
A. Activation/Creation of Municipal/City Dengue Task Force/Committee			
1.	Local Ordinances/Resolutions/Executive Order on Dengue Epidemic Response		
2.	Regular meeting with other barangays and their respective teams/committees.		
B. Assigning of Point Persons			
1.	Barangay Council (e.g. Dengue Task Force, <i>Aksyon Barangay Kontra Dengue</i>) to lead in the conduct the following: <ul style="list-style-type: none"> • Search and destroy potential mosquito breeding sites in households, barangays, schools (e.g. tires, bottles, vases, cans etc.) • Declogging of wastewater drains, sewers, <i>esteros</i>, canals, etc. • Maintaining the general cleanliness of streets, public places, etc. 		
C. Case Management			
1.	Available vehicle for transportation of patients to health facilities		
D. Vector Surveillance and Control			
1.	Assist and facilitate in the collection of mosquito larvae		
2.	Procurement of commodities (chemicals, cleaning tools, NS1, ORS)		
3.	Map and list of areas with canal water, stagnant pools, <i>esteros</i> , dumpsites		
4.	Oversee and monitor the Municipal-wide conduct of daily 4 o'clock habit		
E. Surveillance and Reporting			

1	Active reporting of BHWs to midwife (febrile patients/having signs and symptoms of dengue)		
2	Spot map of household with Dengue Fever cases		
F. Risk Communication, Advocacy and Community Preparation			
1	Local advisories and campaign materials posted on public places (e.g. schools, market, park, church)		
2	Oversee intensified and sustained IEC and Advocacy activities in all barangays (e.g. <i>Bandillo</i> , Barangay Assemblies, Family Development Sessions, PTA Meetings, etc.)		
G. Monitoring and Evaluation			
1	Site visits to barangays, puroks and schools for the conduct of daily 4 o'clock habit		
2	Conduct of Regular Dengue Task Force meeting with Barangay Council members etc.		
3	Monitoring and Evaluation of LGU Preparedness and Response		

[Handwritten signature]



Perlito Panganiban <ppanganiban@dof.gov.ph>

Fwd: NDRRMC MEMORANDUM CIRCULAR NO. 1 SERIES OF 2019

1 message

Secretary Finance <secfin@dof.gov.ph>

Wed, Aug 7, 2019 at 4:58 PM

To: Andrea Salvaleon <asalvaleon@dof.gov.ph>, Perlito Panganiban <ppanganiban@dof.gov.ph>, Marc Gregory Crisostomo <mcrisostomo@dof.gov.ph>, Nathan Eliezer Bayasen <nbayasen@dof.gov.ph>, Iesus Jireh Hernandez <ihernandez@dof.gov.ph>, Lance Nicklaus Lim <llim@dof.gov.ph>



08081900F000541

----- Forwarded message -----

From: Plans and Programs Division <ndrrmc.secretariat@yahoo.com>

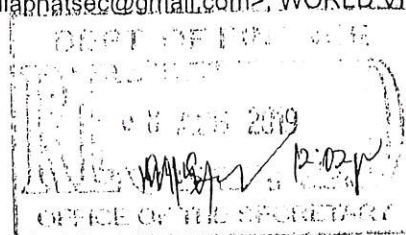
Date: Wed, Aug 7, 2019 at 4:35 PM

Subject: NDRRMC MEMORANDUM CIRCULAR NO. 1 SERIES OF 2019

To: ADMU-ASOG EXEC DIR <asog@ateneo.edu>, AFP CS <opsdiv.oj3@gmail.com>, CCC OSEC <osec.ccc.ph@gmail.com>, CDP EXEC DIR <cdp.phil@gmail.com>, CHED CHAIRPERSON <chairperson@ched.gov.ph>, CNDR EXEC DIR <secretariat@cndr.org.ph>, DA OSEC <osec.da@gmail.com>, DBM OSEC <osec@dbm.gov.ph>, DENR OSEC <osec@denr.gov.ph>, DepEd OSEC <osec@deped.gov.ph>, DFA OSEC <osec@dfa.gov.ph>, DICT OSEC <info@dict.gov.ph>, DILG OSEC <osec@dilg.gov.ph>, DOE OSEC <doe_osec@yahoo.com>, DOF OSEC <secfin@dof.gov.ph>, DOH OSEC <osec@doh.gov.ph>, DOJ OSEC <osec@doj.gov.ph>, DOLE OSEC <osec@dole.gov.ph>, DOST OSEC <osec@dost.gov.ph>, DOT OSEC <sbrp@tourism.gov.ph>, DOTr OSEC <osec@dotr.gov.ph>, DPWH OSEC <villar.mark@dpwh.gov.ph>, DRRNet Phil LEAD CONVENOR <dragnetphils.leadconvenor@gmail.com>, DSWD OSEC <osec@dswd.gov.ph>, DTI OSEC <secretary@dti.gov.ph>, EXECUTIVE SECRETARY <mro@malacanang.gov.ph>, GSIS PRESIDENT <gsiscares@gsis.gov.ph>, HUDCC CHAIRPERSON <oc.hudcc@gmail.com>, LCP PRESIDENT <lppsec2007@yahoo.com>, LMP PRESIDENT <president@lmp.org.ph>, LnB PRESIDENT <lnbnational@yahoo.com>, LPP PRESIDENT <league.cities.philippines@gmail.com>, NAPC VDC COMMISSIONER <nap.gov@gmail.com>, NEDA OSEC <osec@neda.gov.ph>, OPAPP OSEC <opapp.osec@gmail.com>, PCOO OSEC <osec.pcoo@gmail.com>, PCW CHAIRPERSON <board@pcw.gov.ph>, PHILHEALTH PRESIDENT <actioncenter@philhealth.gov.ph>, PNP CHIEF <pnpdpccad@yahoo.com>, PRC SEC GEN <secgen@redcross.org.ph>, SEC GEN ELIZABETH ZAVALLA <elizabeth.zavalla@redcross.org.ph>, SSS PRESIDENT <doocf@sss.gov.ph>, ULAP PRESIDENT <ulappnatsec@gmail.com>, WORLD VISION EXEC DIR <wvphilippines@wvi.org>

Dear Sir / Ma'am,

Greetings!

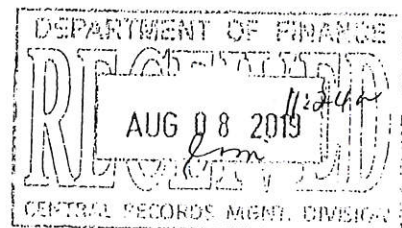


Please see attached NDRRMC Memorandum Circular No. 1 Series of 2019 with subject Enjoining All Member Agencies to Support the Nationwide Dengue Epidemic Response, and its attachments.

Kindly acknowledge receipt. Thank you.

Best regards,
Ma. Karla D Valeroso

Policy Development and Planning Service
NDRRMC Secretariat
Office of Civil Defense
Camp General Emilio Aguinaldo, Quezon City
Telefax nos. 912-5947 or 912-0441
Email us at: ndrrmc.secretariat@yahoo.com



Disclaimer:

"The information contained in this communication is intended solely for the use of the individual or entity to whom it is addressed and other parties authorized to receive


CMC No - 192-2019 p. 22

MASTER COPY

8/7/2019

Department of Finance Mail - Fwd: NDRRMC MEMORANDUM CIRCULAR NO. 1 SERIES OF 2019

it. It may contain confidential or legally privileged communication. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by responding to this E-mail and then immediately delete it from your system. Opinions contained in this E-mail or any of its attachments do not necessarily reflect the opinions of the Department of Finance"

 Memo Circular with Attachments.pdf
12893K