



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 30, 2000

ADMINISTRATIVE ORDER
No. 55 s., 2000

**SUBJECT: GUIDELINES IN THE IMPLEMENTATION OF MASS TREATMENT
STRATEGY FOR SCHISTOSOMIASIS CONTROL / ELIMINATION**

The Philippines is one of the world's important endemic countries for schistosomiasis. The disease occurs in 10 regions, 25 provinces, 183 municipalities and 1112 barangays in the country with an estimated total endemic population at 1.8 million.

Schistosomiasis has remained a public health problem for almost 6 decades since the occurrence of an epidemic in 1994, among American and Allied Forces that landed in Leyte. With the present national health directional goal towards disease elimination, the Schistosomiasis Control Program of the Department of Health should implement a more aggressive strategy to attain this end (prevalence rate of less than 1%). Hence, Mass Drug Administration or Mass Treatment Strategy shall be implemented in all schistosomiasis endemic areas.

In coordination with the least Government Units, the Regional and Provincial Schistosomiasis Coordinators; the Provincial Based Schistosomiasis Control Teams and the National Center for Infectious Diseases shall cooperate with each other in planning and conducting the activities on schistosomiasis mass treatment strategy for the attainment of the schistosomiasis control program goal and objectives.

I. STRATEGIES/ACTIVITIES

1. Social Mobilization and Advocacy:

1.1 To generate active support encourage collaborative effort in the control /elimination of schistosomiasis, inter-sectoral coordination shall be carried out thru advocacy meetings with local government executives; school officials and teachers, various social, political and business groups; and other government and non government organisations.

1.2 Continuous IEC activities as well as development and provision of IEC materials shall be implemented to sustain the community's level of awareness.

1.3 Orientation and skills development training shall be conducted for service providers who will be involved in the mass chemotherapy program.

1.4 Barangay assemblies for advocacy and social preparation shall be undertaken prior to the conduct of mass treatment to ensure support and active participation of target public/beneficiaries.

1.5 Health education and communication campaign activities shall be in coordination with the Department of Education Culture and Sports; the Philippine Information Agency; and the Public Information and Health Education Service of the Department of Health.

1.6 The local government units shall be encouraged to adopt and integrate the schistosomiasis mass treatment strategy into their local health program for sustainability.

2. MASS TREATMENT (Mass Drug Administration)

2.1 Mass treatment (treatment with the benefit of stool examination) shall be implemented country wide in all schistosomiasis endemic barangays and the population to be covered will be ages 5 years old and above.

2.2 Praziquantel (generic name) the drug to be used for schistosomiasis mass treatment, will be given at 40-50 mg/kg body weight and shall be taken with filled stomach or after ingestion of food.

2.3 For individuals having body weight of 31 kgs. and above, praziquantel will be applied in single dose while those with less than 31 kgs. body weight, the drug will be given in 2 divided doses (split dose) at 4-6 hours interval.

2.4 Treated individuals shall be observed for a few hours for possible side reaction, before allowing to leave the designated treatment centers

2.5 Anti-reaction drugs must be readily available during mass treatment. Individuals with generally poor condition shall be given supportive drugs such as Vitamins and hemanitics.

2.6 Those with history of epileptic seizure, with high blood pressure as well as with enlarge spleen or in the advance stage should be referred to the hospital for treatment.

2.7 Although praziquantel has not shown to be mutagenic, teratogenic or embryotoxic, administration of drug is not recommended for pregnant women unless immediate intervention is essential. Nursing mothers on the other hand shall not breastfeed their babies for 28 hours after praziquantel treatment.

2.8 Rural Health Physician shall be encouraged in the supervision/administration of treatment during the scheduled mass treatment.

2.9 Properly trained Medical Technologist, Midwives, other health workers and paramedics may be allowed to administer treatment, provided they are under the supervision of a physician.

2.10 Setting up at treatment centers and scheduling of treatment can be done in the health centers, barangay halls, school and in their respective houses or any convenient designated area.

2.11 Praziquantel tablets should be placed in a well-closed container protected from light.

3. Support Activities (Snail Control and Environmental Modification):

3.1 Partnership initiatives shall be established with the Department of Public Works and Highways, Department of Agriculture, National Irrigation Administration, the community and other stakeholders for Snail Control and Environmental Modification activities, particularly infrastructure projects such as provision of sanitary toilets and safe water supply, construction of drainage systems and footbridges, and other related schistosomiasis projects.

3.2 Whenever resources are available, application of molluscicide will be done by the schistosomiasis control teams in collaboration with the community concerned in areas where eradication of snails (*O. hupensis quadrasi*) is possible and where disease transmission is relatively high.

H. MONITORING / EVALUATION AND SURVEILLANCE SYSTEM

1. In order to adequately assess the effect of mass treatment and guide public health for future action, monitoring / evaluation and surveillance system shall be developed.

2. Since it is not feasible to cover the entire endemic population sentinel sites for surveillance and monitoring shall be established / identified in every endemic province.

3. Well defined common indicators (e.g. prevalence, incidence, egg output per gram, snail infection rate, etc.) and comparable procedure for data collection system shall be developed, so that effect/impact of mass treatment strategy can be drawn.

4. Masterlist of the endemic population per barangay shall be established and maintained.

5. Mass treatment service statistics shall be recorded and maintained by the schistosomiasis control teams and rural health units and shall be consolidated by the regional health offices.

6. Regional Health Offices concerned shall furnish a copy of the consolidated reports to the National Center for Infectious Diseases at DOH central office.

7. Staff from the Regional Health Offices concerned and from the National Center for Infectious

Diseases, shall conduct periodic monitoring and assessment on the progress of implementation.

This order supercedes Administrative Order No. 6 - A, s., 1996 dated February 27, 1996.



ALBERTO G. ROMUALDEZ, JR., M.D.
Secretary of Health