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JAN 07 2005

DepED MEMORANDUM
No. **2**, s. 2005

PREVENTING MENINGOCOCCEMIA IN SCHOOLS

To : Bureau Directors
Regional Directors
Directors of Services/Centers and Head of Units
Schools Division Superintendents
Heads of Public and Private Elementary and Secondary Schools

1. In view of new cases of Meningococemia reported recently in Baguio City and in a few other areas, the following information bulletin and advisory are hereby issued in order to take precautionary measures to protect the school populace.
2. Basic information about Meningococemia is provided in Enclosure A in the form of frequently asked questions about, among others, its nature, signs and symptoms, how it can spread and how it can be prevented and controlled. This information shall be used in informing teachers, pupils/students and parents.
3. Regional directors are hereby instructed to execute immediately the following activities:
 - A. Mobilization for the Prevention and Control of Meningococemia
 - Mobilize all school health and nutrition personnel to disseminate information on the prevention and control of Meningococemia;
 - Mobilize all student government organizations, scouts and youth leaders to create awareness on Meningococemia and assist in the monitoring of Meningococemia - related activities;
 - Implement the Preventive Alert System in all schools (See Enclosure B);
 - Establish DepED Anti- Meningococemia Hotlines in all regional and division offices
 - B. Health Information Dissemination and Education
 - Orient all school heads on the prevention and control of Meningococemia in schools;
 - Disseminate information through the pupils/students and/or through the Parent-Teacher-Community Associations (PTCA) giving emphasis on proper nutrition and personal


hygiene of their children and the importance of environmental sanitation;

- Publish updates on Meningococemia prevention in all school papers/ organs/newsletters;
- Intensify health education in the classroom giving emphasis on personal hygiene, eating of balance diets and environmental sanitation;

C. Collaboration with other stakeholders

- Establish close collaboration with Parent-Teacher-Community Associations, Local Government Units, Municipal Health Offices on:
 - referral of pupils/students/teachers with fever or who suffer from respiratory infection;
 - delineation of responsibilities between and among the agencies;
 - maintenance of environmental sanitation in the schools and communities;
 - monitoring and assessment of the implementation of the local Anti- Meningococemia activities; and
 - information and educational campaign against Meningococemia.

4. Immediate dissemination of and compliance with this Memorandum is directed.


FLORENCIO B. ABAD
Secretary

Encls.:
As stated

Reference:
None

Allotment: 1—(D.O. 50-97)

To be indicated in the Perpetual Index
under the following subjects:

CAMPAIGN
HEALTH EDUCATION
SCHOOLS

FREQUENTLY ASKED QUESTIONS ON MENINGOCOCCEMIA

What is Meningococcal infection?

Meningococcal infection is brought by bacteria Neisseria Meningitides

The most common form of disease due to meningococcal infection is meningitis and the less common is Meningococemia.

What is Meningococemia?

Meningococemia is a clinical form brought about by spread of the bacteria to bloodstream causing severe signs and symptoms.

The most devastating form of meningococemia is fulminant meningococemia which consists of hemorrhagic rashes drop in blood pressure and circulating shock leading to death.

What are the signs and symptoms of Meningococemia?

- fever
- stiff neck
- convulsion, in some
- delirium
- altered mental status
- vomiting
- cough, sore throat, other respiratory symptoms
- pinpoint rashes then become wider and appear like bruises
- starting on the legs and arms
- large map like bruise-like patches
- severe skin lesions may lead to gangrene
- unstable vital signs
- may or may not have signs of meningitis such as:
 - stiff neck
 - convulsion
 - delirium
 - altered mental status
 - vomiting

How does meningococcal disease spread?

Infection is spread by direct contact with discharges from the nose and throat which contain the bacteria.

Although meningococcal bacteria are common, they are extremely delicate outside of the body and are not very contagious.

The bacteria spread from an infected carrier to another person through close direct physical contact and through coughing and sneezing, kissing. It can also spread through saliva (spit) when sharing items such as food or drinks, cups, utensils and drinking straws.

In general, people should not share anything that has been in their mouth.

Exposure to cigarette smoke increases the risk of spread of meningococci, as well as other bacteria.

Who is considered a close contact of a meningococcal disease?

A close contact is someone who is likely to have had direct contact with saliva or mucus from the nose or throat of an infected person.

- those who live in the same house
- those who have kissed the infected person
- those who share a bed
- children in the same childcare center or nursery because they frequently put objects into their mouths
- those who share drinks, cigarettes, food, water, glasses, cups, lipstick, musical instruments with mouthpieces, or anything else that has been in the mouth of the infected person

What happens when someone is a close contact?

- Close contacts of a case of meningococcal disease may be given an antibiotic to protect them.
- Classmates or co-workers of an infected person are not considered to be close contacts unless they have had direct contact with secretions from the mouth or nose of the sick person.
- Those who are close contacts of the infected person do not pose a risk to others and may continue to attend school or work.
- Siblings and other family members of close contacts do not require preventive treatment.
- In most cases, classes, school-related or work-related activities will continue as planned.
- Depending on the circumstances, public health officials may recommend that close contacts receive antibiotics, vaccine, or both in order to prevent additional cases of meningococcal disease.

Can meningococemia and meningitis be treated?

Penicillin kills meningococcal bacteria that have invaded the body. Early recognition of meningococcal infection and prompt treatment with penicillin greatly improves chances of survival.

How does one prevent meningococemia?

- Wash hands frequently with soap and water.
- Avoid close contact with meningococemia patients.
- Increase resistance by having healthy diet, regular exercise, adequate rest and sleep, no alcohol and cigarette smoking
- Maintain clean environment/surroundings
- Don't share utensils, cups, water bottles, lipstick, cigarettes, dishes, glasses, musical instruments with mouthpieces, mouth guards, or anything else that has been in the mouth of the infected person
- Avoid crowded places.

Source of Information:

*Unit for Emerging Infections – IDO
Department of Health*

(Enclosure B to DepED Memorandum No. 2, s. 2005)

**OPERATIONALIZING THE PREVENTIVE ALERT SYSTEM
IN SCHOOLS (PASS)**

1. The Preventive Alert System is a systematic relay of information on a child's or teacher's state of health to appropriate personnel and/or agencies in the locality.
2. All school heads shall operationalize the Preventive Alert System in their respective schools.
3. Teachers in-charge shall explain in class how PASS works:
 - Pupils/students will observe the well-being of their own classmates and if someone amongst them is not feeling well or has colds/cough and feverish, the sick pupil/student will be reported to the teacher for validation.
 - The early morning health inspection shall be conducted routinely by the teacher to detect the presence of fever and other signs and symptoms of infection. The teacher shall keenly observe the health status of each pupil in the classroom. If he/she finds out that a child is sick, this case will be reported immediately to the principal.
 - The principal shall notify the family/guardian member of the sick child. If the school does not have a physician, the nearest health center physician/municipal health officer or rural health midwife shall be consulted.
 - Depending on assessment, the student, teacher or other employee who has fever regardless of cause will be requested to stay at home.
 - The illness of the student, teacher or another school employee should be closely followed up by the health personnel.
 - School children on home quarantine shall be given/provided lessons/materials for home study.
4. The school principals shall closely coordinate with the barangay health workers and with the municipal health officers relative to the conduct of activities to prevent Meningococccemia.
5. School heads shall conduct daily monitoring of health status of children and personnel, and maintain a record on health status.
6. School principals are expected to take the lead in operationalizing the PASS and to relay relevant/urgent information to the Schools Division Superintendent and such information be likewise relayed to the local health agency.