Republic of the Philippines
Department of Education
NEGROS ISLAND REGION

JAN 2 2 2026

REGIONAL MEMORANDUM
No. 055, s. 2026

UPDATED REPORTING MECHANISM FOR SCHOOL-BASED DEWORMING PROGRAM AND CONDUCT OF NATIONAL PARASITE PREVALENCE SURVEY (NPPS)

To: Schools Division Superintendents
All Others Concerned

1. This Office, through the Education Support Services Division, disseminates the attached Memorandum OM-OUGOPS-2026-08-08029 from the office of Undersecretary for Governance and Operations, dated January 5, 2026, titled **"Updated Reporting Mechanism for School-Based Deworming Program and Conduct of National Parasite Prevalence Survey (NPPS),"** which is self-explanatory.

2. Immediate dissemination of this Memorandum is desired.

RAMIR B. UYTICO EdD, CESO III
Regional Director

Reference: As Stated
Incl: As Stated
To be indicated in the Perpetual Index
under the following subjects:

HEALTH
PROGRAMS
SCHOOLS

AJG/ESSD-RM/Updated Reporting Mechanism for School-Based Deworming Program and Conduct of National Parasite Prevalence Survey /January 22, 2026

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Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY FOR GOVERNANCE AND OPERATION

MEMORANDUM
OM-OUGOPS-2026-08-08029

TO : **ALL REGIONAL DIRECTORS**
ALL SCHOOLS DIVISION SUPERINTENDENTS
ALL SCHOOL HEADS CONCERNED
ALL OTHER CONCERNED

FROM : **MALCOLM S. GARMA**
Undersecretary

SUBJECT : **UPDATED REPORTING MECHANISM FOR SCHOOL-BASED DEWORMING PROGRAM AND CONDUCT OF NATIONAL PARASITE PREVALENCE SURVEY (NPPS)**

DATE : January 5, 2026

The Department of Education, through the Bureau of Learner Support Services – School Health Division (BLSS-SHD), supports the Department of Health (DOH) on the implementation of the Soil Transmitted Helminthiases Mass Drug Administration (STH MDA) in schools, and the conduct of the National Parasite Prevalence Survey in coordination with the Research Institute for Tropical Medicine (RITM).

A. School-Based Deworming Program

Following the issuance of the DOH Department Circular No. 2025-0537 titled *"Advisory on the Conduct of Harmonized Mass Drug Administration Activities for Schistosomiasis and Soil- transmitted Helminthiasis"* to facilitate timely reporting and accurate evaluation of STH MDA coverage in schools and communities, the reporting mechanism for school-based deworming program shall adopt the following changes, effective January 2026 onwards:

New **Age Disaggregation** Data Reporting	1-4 years old 5-14 years old 15-19 years old
Names of Rounds and Deadline for Reporting	**January Round:** Every March 31st **July Round:** Every September 30th

School Health and Nutrition personnel are encouraged to **closely coordinate with the DOH Center for Health Development (CHD) STH MDA program managers** for the facilitation of the deworming rounds and submission of reports based on the updated reporting mechanism.

B. National Parasite Prevalence Survey (NPPS)

In 2025, DOH and RITM has collaborated to conduct the first phase of the NPPS to establish an updated baseline data to support national targets as outlined in the Philippine Multi-Disease Elimination Plan 2024-2030. To support this, DepEd, through the Governance and Operations Strand has issued *OUGOPS Memorandum No. OM-OUGOPS-2025-08-05567 titled "Regional Orientation and Planning Workshop for the Conduct of National Parasite Prevalence Survey"* which involved survey sites in Region III and CAR.

For 2026, we respectfully request the **assistance and support of Regional and School Division Offices (ROs and SDOs) through the School Health and Nutrition Unit** for the continued implementation of the national survey. ROs and SDOs, through their respective Compliance Officers for Privacy, shall ensure that activities related to the administration of surveys adhere to the relevant provisions of Republic Act No. 10173, otherwise known as the *Data Privacy Act of 2012*, and its Implementing Rules and Regulations and other relevant issuances from the National Privacy Commission. Further, updates regarding the activities related to the conduct of NPPS may be communicated through a separate advisory by the Bureau of Learner Support Services.

Accommodation expenses for the conduct of the activities related to NPPS shall be borne by the organizer, DOH and RITM. Meanwhile, transportation and other related expenses of DepEd participants shall be charged to local funds or program support funds (PSF), subject to usual accounting and auditing rules and regulations.

For questions and concerns, please contact the Bureau of Learner Support Services – School Health Division, through (02) 8632-9935 or email at blss.shd@deped.gov.ph.

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

November 12, 2025

DEPARTMENT CIRCULAR
No. 2025 - 0937

TO: **ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), CHIEFS OF DOH HOSPITALS, MEDICAL CENTERS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, ATTACHED AGENCIES, LOCAL HEALTH SYSTEMS DIVISION CHIEFS, AND OTHERS CONCERNED**

SUBJECT: **Advisory on the Conduct of Harmonized Mass Drug Administration Activities for Schistosomiasis and Soil-transmitted Helminthiasis**

The Department of Health (DOH), through the Schistosomiasis Control and Elimination Program (SCEP) and the Integrated Helminth Control Program (IHCP) continues to implement strategies aimed at reducing the burden of schistosomiasis (SCH) in endemic areas and soil- transmitted helminthiasis (STH) nationwide. Both diseases, comprising two (2) of at least six (6) NTDs of public health importance in the Philippines, continue to affect the health and well-being of the communities, impact their psychosocial and cognitive development, as well as their productivity and economic growth, especially in impoverished and geographically isolated communities.

Mass drug administration (MDA) is one of the cornerstone strategies of these programs targeting the most at-risk age groups for helminth and schistosomiasis infection. Through the provision of chemotherapeutic interventions to these high-risk groups, the MDA efforts have led to the reduction of transmission as well as the prevalence and intensity of infections in affected communities.

According to the 2024 report from the Epidemiology Bureau - Field Health Services Information System (EB-FHSIS) the national coverage for MDA for the IHCP is 53.58% for the 1 to 4 years old age groups, 28.26% for the 5 to 9 years old age groups, and 21.68% for the 10 to 19 years old age groups. The overall MDA coverage from the IHCP reports is at 41%. Meanwhile, the SCEP reports a 37% increase in the MDA coverage for 2024. This marks a marginal increase from the 35% coverage from 2023. Based on the reported MDA coverage from the past five years, the program target of 85% coverage for both IHCP and SCEP MDA has not been reached. The number of cases of acute and chronic schistosomiasis reported by the FHSIS currently stands at 2,175 and 1,745, respectively.

Anent to this, all SCEP and IHCP Regional and MOH-BARMM Program Managers are directed to observe the following to ensure the harmonious implementation and operationalization of the MDA activities for SCEP and IHCP, effective January 2026 onwards:

1. **Conduct of school and community-based MDAs**

    a. To further provide guidance on the coordinated efforts for the successful implementation of MDA activities, DepEd Memorandum OM-OUOPS-2025 on the conduct of school-based deworming activities is hereby being reiterated. This issuance requires for schools to be in close coordination with their respective local health units, to ensure harmonious conduct of MDAs.

    b. To coordinate with their respective DepEd School Division Offices (SDOs) for school-based MDA activities and with local government for community-based MDA regarding the preparation of masterlists of target population for SCH (5-65 years old) and for STH (1-19 years old) MDA in both the schools and communities respectively (Please see **Annexes A and B** for the step-by-step guide in facilitating masterlists).

2. **Reporting of Mass Drug Administration Accomplishment Reports (MDA AR)**

    a. To facilitate timely reporting and accurate evaluation of MDA coverage, the Department would like to emphasize that catch-up MDA reporting must strictly observe the following deadlines, as reflected in the table below.

    Further, a separate reporting form for the Program and Field Health Services Information System (FHSIS) will be used until such time that the target population is harmonized. The program report recommends the use of **Actual Population** based on the masterlists obtained.

    Emphasizing the following significant changes for **Program reporting for STH:**

Updates	Specific Changes
1. New age disaggregation	1-4 years old 5-14 years old 15-19 years old
2. Name of rounds	January Round July Round
3. Deadline of reporting	**January Round:** Every March 31st **July Round:** Every September 30th

Meanwhile, below are the noted updates for **Program reporting for SCH:**

Updates	Specific Changes
1. New age disaggregation	5-14 years old 15-19 years old 20-59 years old 60 years old and above
2. Deadline of reporting	**January MDA:** Every March 31st

In addition, a Program prescribed template will be used which are disaggregated by age and implementation unit: province or city-based for STH and municipality-based for SCH.

IHCP MDA AR: https://tinyurl.com/2026-IHCP-MDAAR
SCEP MDA AR: https://tinyurl.com/2025-SCEP-MDAAR

b. To align with and adopt the updated and revised FHSIS indicators for calendar year (CY) 2026 by the Epidemiology Bureau (EB) which will be released through a separate issuance in time for the conduct of the January 2026 MDA. The target population to be used is **Projected Population.**

c. To orient and cascade the new SCH and STH FHSIS indicators to all concerned implementing units. Further, all SCEP and IHCP Regional and MOH-BARMM Program Managers are directed to coordinate with their respective FHSIS regional coordinators as necessary. This is to ensure that the program coordinators at the implementing units are provided with the necessary information and efficiently collect the relevant data accordingly.

3. Use of the Deworming Card for STH MDA

To adopt the Soil-transmitted Helminthiasis Deworming Card to systematically track the individual patient compliance with the administration of chemotherapeutic drugs for MDA:

Implementing Guidelines:

a. Each child from ages 1 to 19 years old will be given an individual deworming card. The card shall be safekept and maintained by the parent, guardian, or health worker responsible for the child.
b. The card will be brought and presented to the school/ rural health facility for each scheduled deworming activity (i.e., January Round and July Round) and the health worker administering the deworming medicines is responsible for recording the date, confirmation of receipt of deworming, and other pertinent information.
c. The STH Deworming Card shall serve as the official documentation for the receipt of deworming medicines.

Please see **Annex C** for the deworming card template.

4. Pharmacovigilance

To report adverse drug reactions (ADRs) especially those with severe reactions to the physician or nearest healthcare facility. Healthcare providers are further advised to report suspected ADRs to the FDA through their online reporting platform which can be accessed at https://www.fda.gov.ph/pharmacovigilance-reportingpatient, through email at pharmacovigilance@fda.gov.ph, or through direct email to the FDA with the accomplishment FDA Suspected Side Effects Reporting Form (**Annex D**). The form can also be downloaded through https://www.fda.gov.ph/pharmacovigilance-forms. FDA can also be contacted through telephone at (02) 8809-5596.

a. On intervals for SCH and STH MDA

The co-administration of praziquantel and albendazole is permissible during MDA activities. While both praziquantel for schistosomiasis and albendazole for soil-transmitted helminthiasis are established safe and well-tolerated, side effects are common and should be anticipated by healthcare workers.

Potential side effects of praziquantel include abdominal discomfort, recurrent diarrhea, fever, drowsiness, syncope, headache, malaise, sweating, and urticarial reactions. Meanwhile, potential side effects of albendazole include local hypersensitivity, erratic worm migration, mild abdominal pain, and diarrhea. These side effects may occur within 10 hours to 1 week after administration of praziquantel or albendazole. (Department of Health, 2004; Department of Health, 2010; Inobaya et al, 2015; Kabatende et al., 2022).

During the conduct of the MDA, healthcare workers must monitor the patients closely both during and after the administration of the medication and manage adverse events according to severity (**Annex E**). ADRs associated with praziquantel and albendazole are generally mild and can be managed through simple interventions **(Annex F)**. For further guidance on managing or addressing the common side effects after deworming, kindly refer to DOH Administrative Order 2015-0054 Section V (tinyurl.com/aefd-2015-0054).

This Department Circular, issued under the Schistosomiasis Control and Elimination Program and the Integrated Helminth Control Program, provides additional guidance on the conduct of mass drug administration and its related activities as a supplement to Department Circular No. 2024-0429 and the 2025 MDA Advisory. All other previous issuances and guidance inconsistent with the provisions of this circular are hereby repealed.

All concerned are hereby enjoined.

By Authority of the Secretary of Health:

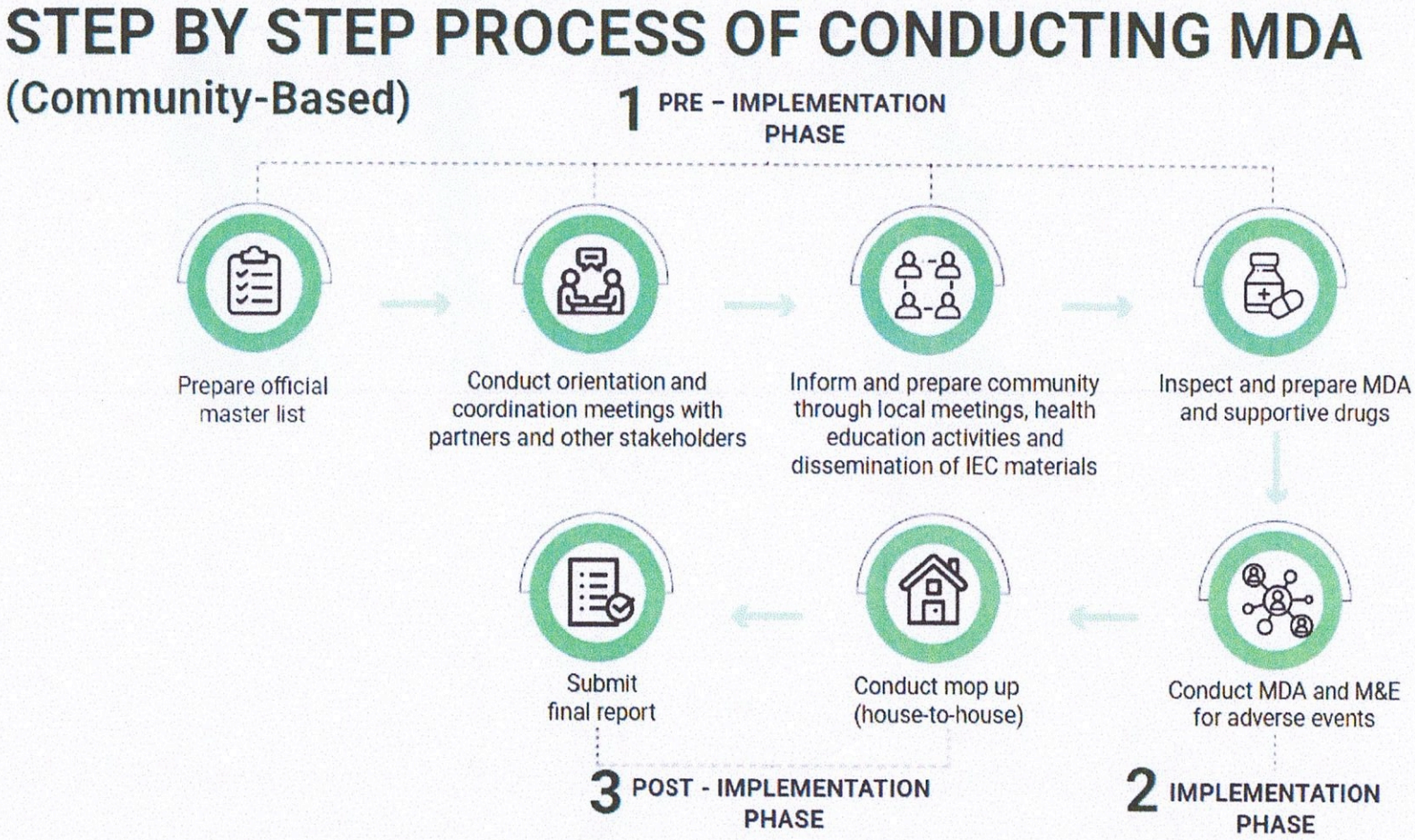
GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Assistant Secretary of Health

Annex A. Step by Step Conduct of School-based Mass Drug Administration

STEP BY STEP PROCESS OF CONDUCTING MDA

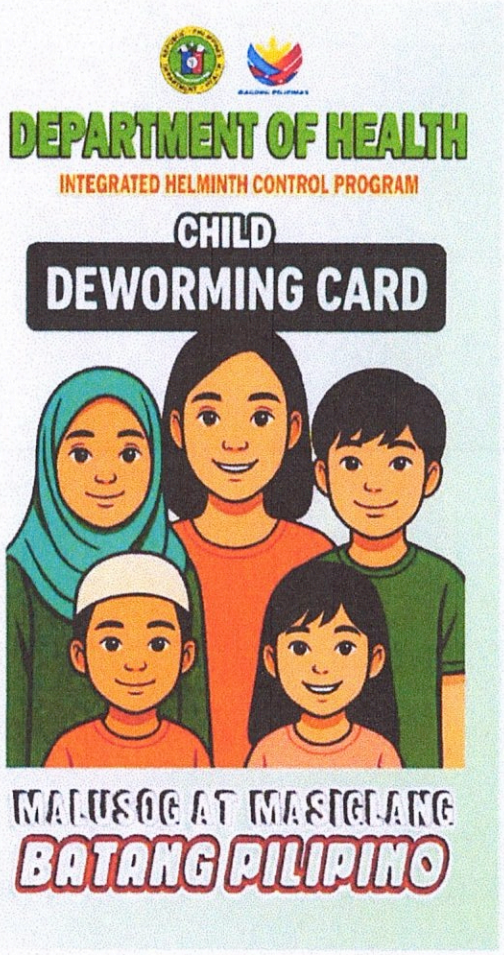
(School-Based)

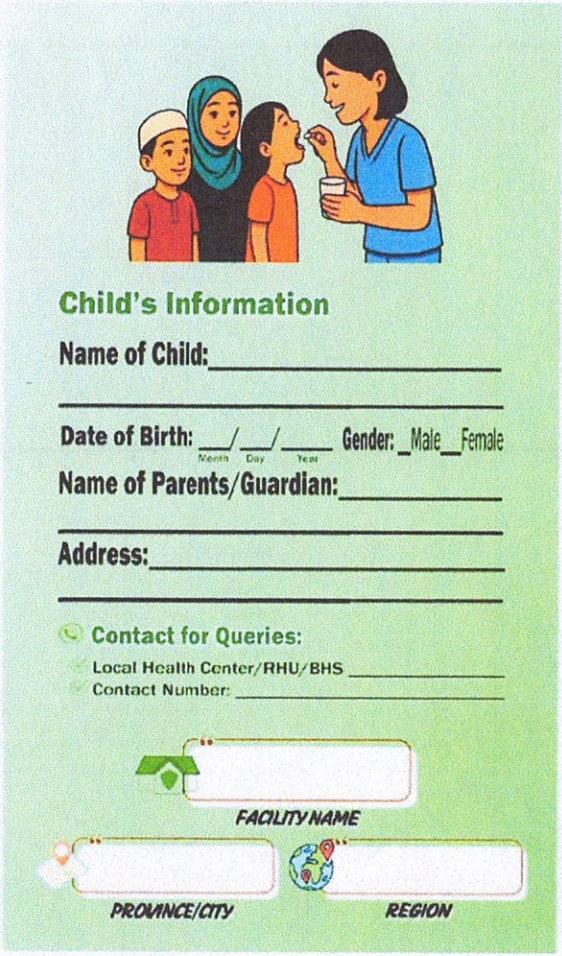
Annex B. Step by Step Conduct of Community-based Mass Drug Administration



Annex C. IHCP Deworming Card
(tinyurl.com/dohdewormingcard)

(Front cover)





(Back cover)

DEWORMING CAMPAIGN: *JANUARY & JULY*

(To be kept by Parents/Guardians/Health Workers)

Deworming Schedule & Record

YEAR	*Deworming Round:* _____				*Deworming Round:* _____				*Remarks*
	Medication Given ☐ Albendazole ☐ Mebendazole		Given by (name of health worker)	Signature	*Medication Given* ☐ Albendazole ☐ Mebendazole		Given by (name of health worker)	Signature	a. Adverse effects of medicines b. Refusal c. Deferred Treatment
	COMMUNITY-BASED Date Given (Actual) Month / Day	SCHOOL-BASED Date Given (Actual) Month / Day			COMMUNITY-BASED Date Given (Actual) Month / Day	SCHOOL-BASED Date Given (Actual) Month / Day			
1-4 years old									
5-14 years old									
15-19 years old									

Important Reminder

- This card must be brought every deworming schedule (January & July)
- Mass Deworming is only given twice a year.
- Show the deworming card to the health worker before and after receiving the deworming tablet
- Keep this card in a safe place.

"LET'S DO THE W.O.R.M.S"

Wash hands
Observe proper use of toilet.
Reduce exposure to unwashed, uncooked and undercooked foods
Mass deworming / Magpabuga
wear Slippers / Shoes

Annex D. FDA Suspected Side Effects Reporting Form

CONFIDENTIAL

FDA Food and Drug Administration PHILIPPINES

SUSPECTED SIDE EFFECTS REPORTING FORM

"Saving Lives Through Vigilant Reporting"

**FIELDS ARE MANDATORY. Please fill all fields as completely as possible.*
Attach additional documents if necessary. See information overleaf.

○ Initial report ○ Follow-up

Version 6.0

PATIENT INFORMATION

*Patient's Name or Initials: _____ *Sex: ○ Male ○ Female Weight (kg): _____ Height (cm): _____

*Age (at time of onset): _____ Date of Birth (dd/mm/yyyy): ___/___/_____

Medical record number: _____ Patient's address _____

SUSPECTED MEDICINES / VACCINES

*Medicine/Vaccine (Reg. No. or Brand, if any)	Batch/Lot No.	Dosage & frequency	Route	Date started (dd/mm/yyyy)	Date stopped (dd/mm/yyyy)	Reason for using
				___/___/_____	___/___/_____	
				___/___/_____	___/___/_____	
				___/___/_____	___/___/_____	

SIDE EFFECT(S) / ADVERSE REACTION(S)

*Date started (dd/mm/yyyy): ___/___/_____ time: _____

*Describe the side effects or reaction or problem:

*Results of tests and procedures:
(Tests and procedures performed to diagnose or confirm the reaction/event, including those test done to investigate or to exclude a non-drug cause/ Results of test/procedures may be attached)

Do you consider the reaction to be serious? ○ yes ○ no
If yes, reason
☐ death (date: _____) ☐ life-threatening
☐ hospitalization/prolonged (date of admission: _____) ☐ disabling
☐ congenital-anomaly ☐ other medically important condition

Was this a medication error? ○ yes ○ no

Relevant medical history and concurrent condition:
(Pertinent information to understand the case such as disease, conditions such as pregnancy, allergies, surgical procedures, psychological trauma, etc.)

Action taken:
☐ medicine withdrawn
☐ dose reduced
☐ no change

Is treatment given? ○ yes ○ no
If yes, please specify: _____

Outcome of reaction
☐ recovered (date: _____) ☐ not yet recovered
with sequelae? ☐ fatal
○ no ☐ unknown
○ yes, describe _____

Did the reaction recur on readministration of suspected medicine(s)?
○ yes ○ no ○ not applicable

List all other medicines/vaccines taken at the same time (including diluent)

Medicine/Vaccine(DR XY No. or Brand, if any)	Batch/Lot No.	Dosage & frequency	Route	Date started (dd/mm/yyyy)	Date stopped (dd/mm/yyyy)	Reason for using

☐ no other medicines used

REPORTER INFORMATION

***Name:** _____
Address: _____
***Contact/Mobile No.:** _____
Email: _____
Signature/ initials: _____

Date of report (dd/mm/yyyy): ___/___/_____

***Reporter qualification:**
☐ **physician** ☐ **nurse**
☐ **pharmacist** ☐ **dentist**
☐ **other health professional**
☐ **patient/consumer**

Thank you for your time completing this form!

CONFIDENTIALITY

Any information including attachment/s related to the identities of the reporter and patient will be kept confidential.

The report is for safety information purposes and will not be used against the practice of the reporting healthcare professional.

WHAT TO REPORT

Please report any of the following:

- All serious adverse reactions
- All adverse reactions related to newly introduced medicines and vaccines
- Medication errors, lack of efficacy, overdose, off-label use that resulted to serious adverse reactions
- Adverse reactions suspected to be related to a product defect

Report even if you are not sure that the drug caused the event!

For follow-up reports:
Any follow-up information that has already been reported may be sent to us in another form or through other reporting channels. Please indicate that it is a follow up report.

HOW TO REPORT

Suspected adverse reaction may be reported through any of the following:

- Mail or Direct submission to:

  FOOD AND DRUG ADMINISTRATION
  Center for Drug Regulation and Research
  Civic Drive, Filinvest City, Alabang, Muntinlupa City 1781

  or
  FDA Regional Field Office near you

- Email to pharmacovigilance@fda.gov.ph
- Online reporting:
  https://primaryreporting.who-umc.org/Reporting/Reporter?OrganizationID=PH
- Telephone: (02) 8809 5596

This form can be downloaded from:

https://www.fda.gov.ph/pharmacovigilance/

WHY DO WE NEED TO REPORT

Every time you report a side effect you are contributing to improve the safety of medicines and vaccines used by Filipinos.

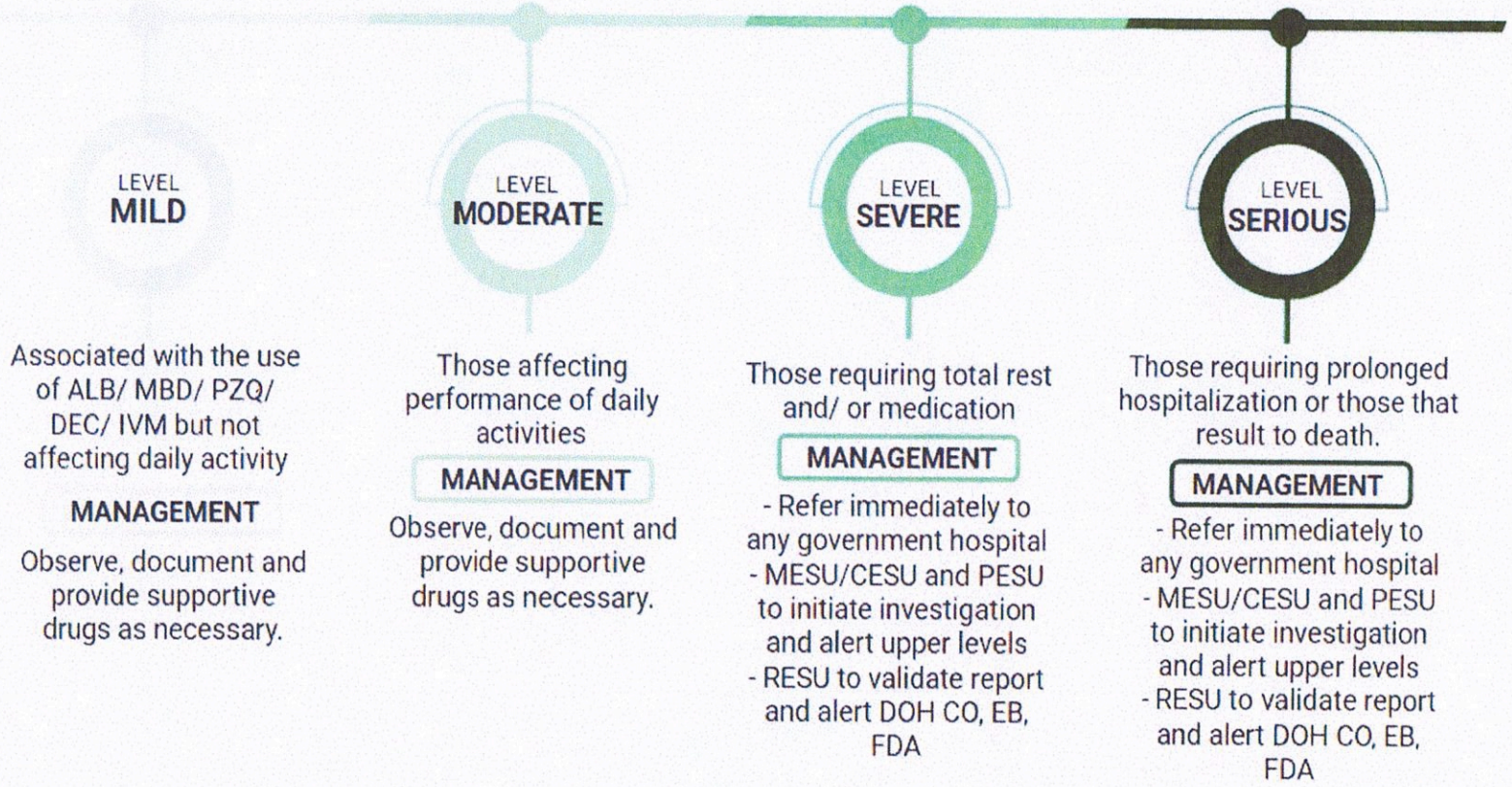
Drugs and vaccines are registered to and evaluated by the FDA considering the quality of the products. However, no medicine is guaranteed 100% safe. Although they are carefully tested and evaluated, some side effects or adverse reactions may become evident only after the product is in use by the general population.

Your report may contribute to:

- the identification of previously unrecorded or unrecognized rare or serious side effect;
- changes in product safety information or labelling, or other regulatory actions such as product recall or removal from the market;
- international data regarding benefit, risk or effectiveness assessment of medicines and vaccines;

Regulatory actions are imposed by the FDA to secure the safety of the public. It also provide consumers and healthcare professionals guidance on the rational use of medicines and vaccines.

Annex E. Management of Adverse Events



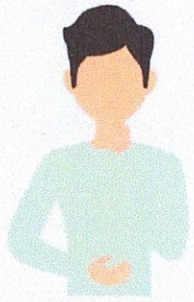
Annex F. Management of Common Adverse Events
(For Soil- Transmitted Helminthiasis)

WAYS TO MANAGE COMMON ADVERSE EVENTS

Common Adverse Effects
(Albendazole for STH)

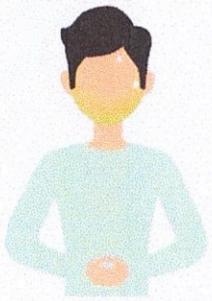
Local sensitivity or allergy

Give antihistamine



Mild abdominal pain

Give antispasmodic



Diarrhea

Give oral rehydrating solution

Erratic worm migration

Pull out the worms from mouth /nose

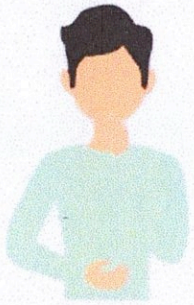
(For Schistosomiasis)

WAYS TO MANAGE COMMON ADVERSE EVENTS

Common Adverse Effects
(Praziquantel for SCH)

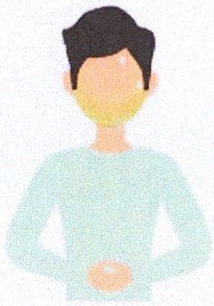
Local sensitivity or allergy

Give antihistamine



Mild abdominal pain, discomfort

Give antispasmodic



Diarrhea

Give oral rehydrating solution

Fever, headache, dizziness

Give analgesic/ anti-inflammatory drugs; Give antivertigo drugs, if necessary

REFERENCES

1. Department of Education (2025). DepEd Memorandum OM-OUOPS-2025-08-80848: *"Advisory on the School-based Deworming Program"* https://tinyurl.com/DepEd-Memo-2025-08-80848

2. Department of Health (2024). *"Advisory on the Additional Guidance on the STH and SCH MDA Activities"* https://tinyurl.com/ihcp-2024-advisory-jan2025mda

3. Department of Health (2024). *Department Circular No. 2024-0429: "Guidelines on the Conduct of Mass Drug Administration (MDA) for Soil-Transmitted Helminthiasis (STH) for July 2024"* https://tinyurl.com/ihcp-dc-2024-0249

4. Department of Health (2015). *Administrative Order (AO) No. 2015-0054 entitled, "Revised Guidelines on Mass Drug Administration and the Management of Adverse Events Following Deworming (AEFD) and Serious Adverse Events (SAE)"* https://tinyurl.com/aefd-2015-0054

5. Department of Health (2010). *Administrative Order (AO) No. 2010-0023 entitled, "Guidelines on Deworming Drug Administration and the Management of Adverse Effects Following Deworming"* https://tinyurl.com/aoaefd

6. Kabatende, J., Barry, A., Mugisha, M., Ntirenganya, L., Bergman, U., Bienvenu, E., & Aklillu, E. (2022). Safety of Praziquantel and Albendazole Coadministration for the Control and Elimination of Schistosomiasis and Soil-Transmitted Helminths Among Children in Rwanda: An Active Surveillance Study. Drug safety, 45(8), 909–922. https://doi.org/10.1007/s40264-022-01201-3

7. Inobaya, M. T. et al (2015). Schistosomiasis Mass Drug Administration in the Philippines: Lessons learnt and the global implications. Microbes and Infection, 17(1), 6–15. https://doi.org/10.1016/j.micinf.2014.10.006

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

November 12, 2025

DEPARTMENT CIRCULAR
No. 2025 - 0537

TO: **ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), CHIEFS OF DOH HOSPITALS, MEDICAL CENTERS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, ATTACHED AGENCIES, LOCAL HEALTH SYSTEMS DIVISION CHIEFS, AND OTHERS CONCERNED**

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    a. To further provide guidance on the coordinated efforts for the successful implementation of MDA activities, DepEd Memorandum OM-OUOPS-2025 on the conduct of school-based deworming activities is hereby being reiterated. This issuance requires for schools to be in close coordination with their respective local health units, to ensure harmonious conduct of MDAs.

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    a. To facilitate timely reporting and accurate evaluation of MDA coverage, the Department would like to emphasize that catch-up MDA reporting must strictly observe the following deadlines, as reflected in the table below.

    Further, a separate reporting form for the Program and Field Health Services Information System (FHSIS) will be used until such time that the target population is harmonized. The program report recommends the use of **Actual Population** based on the masterlists obtained.

    Emphasizing the following significant changes for **Program reporting for STH:**

Updates	Specific Changes
1. New age disaggregation	1-4 years old 5-14 years old 15-19 years old
2. Name of rounds	January Round July Round
3. Deadline of reporting	**January Round:** Every March 31st **July Round:** Every September 30th

Meanwhile, below are the noted updates for **Program reporting for SCH:**

Updates	Specific Changes
1. New age disaggregation	5-14 years old 15-19 years old 20-59 years old 60 years old and above
2. Deadline of reporting	**January MDA:** Every March 31st

In addition, a Program prescribed template will be used which are disaggregated by age and implementation unit: province or city-based for STH and municipality-based for SCH.

IHCP MDA AR: https://tinyurl.com/2026-IHCP-MDAAR
SCEP MDA AR: https://tinyurl.com/2025-SCEP-MDAAR

b. To align with and adopt the updated and revised FHSIS indicators for calendar year (CY) 2026 by the Epidemiology Bureau (EB) which will be released through a separate issuance in time for the conduct of the January 2026 MDA. The target population to be used is **Projected Population.**

c. To orient and cascade the new SCH and STH FHSIS indicators to all concerned implementing units. Further, all SCEP and IHCP Regional and MOH-BARMM Program Managers are directed to coordinate with their respective FHSIS regional coordinators as necessary. This is to ensure that the program coordinators at the implementing units are provided with the necessary information and efficiently collect the relevant data accordingly.

3. Use of the Deworming Card for STH MDA

To adopt the Soil-transmitted Helminthiasis Deworming Card to systematically track the individual patient compliance with the administration of chemotherapeutic drugs for MDA:

Implementing Guidelines:

a. Each child from ages 1 to 19 years old will be given an individual deworming card. The card shall be safekept and maintained by the parent, guardian, or health worker responsible for the child.
b. The card will be brought and presented to the school/ rural health facility for each scheduled deworming activity (i.e., January Round and July Round) and the health worker administering the deworming medicines is responsible for recording the date, confirmation of receipt of deworming, and other pertinent information.
c. The STH Deworming Card shall serve as the official documentation for the receipt of deworming medicines.

Please see **Annex C** for the deworming card template.

4. Pharmacovigilance

To report adverse drug reactions (ADRs) especially those with severe reactions to the physician or nearest healthcare facility. Healthcare providers are further advised to report suspected ADRs to the FDA through their online reporting platform which can be accessed at https://www.fda.gov.ph/pharmacovigilance-reportingpatient, through email at pharmacovigilance@fda.gov.ph, or through direct email to the FDA with the accomplishment FDA Suspected Side Effects Reporting Form (**Annex D**). The form can also be downloaded through https://www.fda.gov.ph/pharmacovigilance-forms. FDA can also be contacted through telephone at (02) 8809-5596.

a. On intervals for SCH and STH MDA

The co-administration of praziquantel and albendazole is permissible during MDA activities. While both praziquantel for schistosomiasis and albendazole for soil-transmitted helminthiasis are established safe and well-tolerated, side effects are common and should be anticipated by healthcare workers.

Potential side effects of praziquantel include abdominal discomfort, recurrent diarrhea, fever, drowsiness, syncope, headache, malaise, sweating, and urticarial reactions. Meanwhile, potential side effects of albendazole include local hypersensitivity, erratic worm migration, mild abdominal pain, and diarrhea. These side effects may occur within 10 hours to 1 week after administration of praziquantel or albendazole. (Department of Health, 2004; Department of Health, 2010; Inobaya et al, 2015; Kabatende et al., 2022).

During the conduct of the MDA, healthcare workers must monitor the patients closely both during and after the administration of the medication and manage adverse events according to severity (**Annex E**). ADRs associated with praziquantel and albendazole are generally mild and can be managed through simple interventions (**Annex F**). For further guidance on managing or addressing the common side effects after deworming, kindly refer to DOH Administrative Order 2015-0054 Section V (tinyurl.com/aefd-2015-0054).

This Department Circular, issued under the Schistosomiasis Control and Elimination Program and the Integrated Helminth Control Program, provides additional guidance on the conduct of mass drug administration and its related activities as a supplement to Department Circular No. 2024-0429 and the 2025 MDA Advisory. All other previous issuances and guidance inconsistent with the provisions of this circular are hereby repealed.

All concerned are hereby enjoined.

By Authority of the Secretary of Health:

GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Assistant Secretary of Health

Annex A. Step by Step Conduct of School-based Mass Drug Administration

STEP BY STEP PROCESS OF CONDUCTING MDA
(School-Based)

Prepare master list of enrolled children

Conduct orientation and health education to parents and students

Inspect and prepare logistics (MDA and supportive drugs)

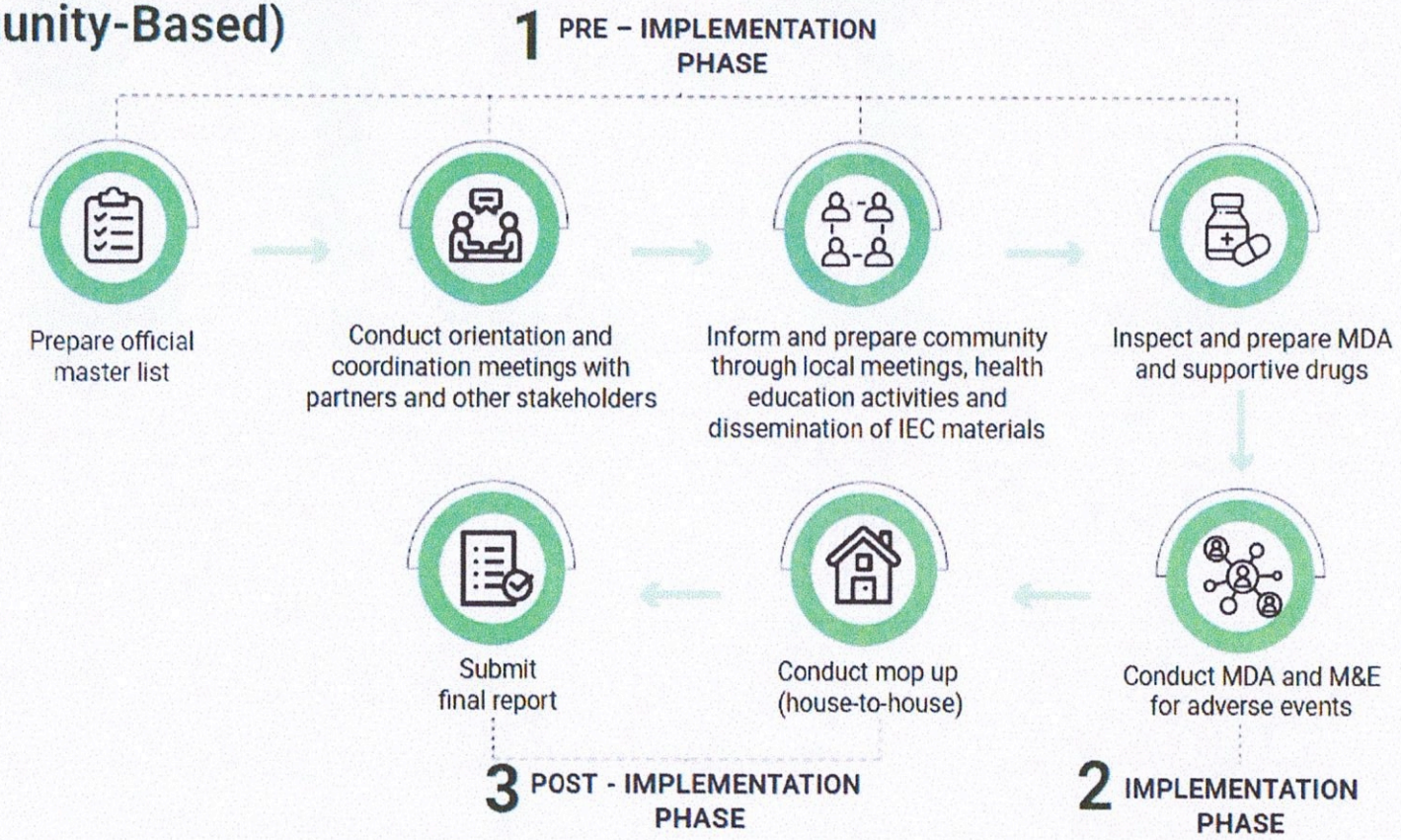
Conduct MDA and M&E for adverse events

Submit final report

Annex B. Step by Step Conduct of Community-based Mass Drug Administration

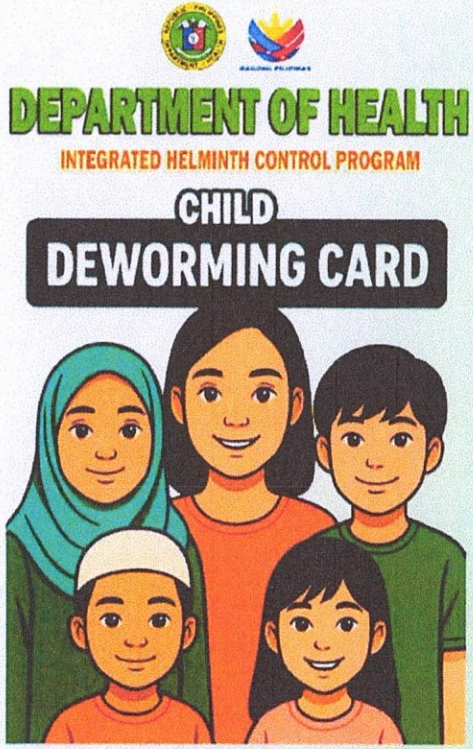
STEP BY STEP PROCESS OF CONDUCTING MDA

(Community-Based)



Annex C. IHCP Deworming Card
(tinyurl.com/dohdewormingcard)

(Front cover)



Child's Information

Name of Child: _____

_____

Date of Birth: ___/___/____ (Month / Day / Year) **Gender:** _Male _Female

Name of Parents/Guardian: _____

_____

Address: _____

_____

Contact for Queries:

Local Health Center/RHU/BHS _____

Contact Number: _____

FACILITY NAME

PROVINCE/CITY

REGION

INTEGRATED HELMINTH CONTROL PROGRAM

"Awareness & Mass Drug Administration Month"

Let's do the W.O.R.M.S.

- **W** Wash Hands
- **O** Observe proper use of toilet
- **R** Reduce exposure (to unwashed, uncooked, and undercooked food)
- **M** Mass Deworming / Magpapurga
- **S** wear Slippers / Shoes

Ano ang mga sintomas ng taong may bulate sa tiyan?

- Pamumutla o anemia
- Kawalan ng ganang kumain
- Pagbaba ng timbang
- Malnutrisyon
- Pagdumi nang may kasamang dugo
- Paglabas ng bulate sa puwet sa ilong, sa bibig at sa tinga
- Malaking tiyan
- Pananakit ng tiyan
- Pagiging matamlay at madaling mapagod

Kung nakatanggap ng sintomas ng soliet na **Soil-transmitted helminthiasis**, komunsulta sa inyong pinakamalapit na health center

(Back cover)

DEWORMING CAMPAIGN: *JANUARY & JULY*

(To be kept by Parents/Guardians/Health Workers)

Deworming Schedule & Record

YEAR	*Deworming Round: _____*				*Deworming Round: _____*				*Remarks*
	Medication Given ☐ Albendazole ☐ Mebendazole		Given by (name of health worker)	Signature	*Medication Given* ☐ Albendazole ☐ Mebendazole		Given by (name of health worker)	Signature	a. Adverse effects of medicines b. Refusal c. Deferred Treatment
	COMMUNITY-BASED (Date Given (Actual) Week / Day)	SCHOOL-BASED (Date Given (Actual) Week / Day)			COMMUNITY-BASED (Date Given (Actual) Week / Day)	SCHOOL-BASED (Date Given (Actual) Week / Day)			
1-4 years old									
5-14 years old									
15-19 years old									

Important Reminder

- This card must be brought every deworming schedule (January & July)
- Mass Deworming is only given twice a year.
- Show the deworming card to the health worker before and after receiving the deworming tablet
- Keep this card in a safe place.

"LET'S DO THE W.O.R.M.S"

Wash hands
Observe proper use of toilet.
Reduce exposure to unwashed, uncooked and undercooked foods
Mass deworming / Magpapurga
wear Slippers / Shoes

Annex D. FDA Suspected Side Effects Reporting Form

CONFIDENTIAL

FDA Food and Drug Administration PHILIPPINES

SUSPECTED SIDE EFFECTS REPORTING FORM

"Saving Lives Through Vigilant Reporting"

* ***FIELDS ARE MANDATORY. Please fill all fields as completely as possible.***
Attach additional documents if necessary. See information overleaf.

○ Initial report ○ Follow-up

Version 6.0

PATIENT INFORMATION

*Patient's Name or Initials: _____ *Sex: ○ Male ○ Female Weight (kg): _____ Height (cm): _____

*Age (at time of onset): _____ Date of Birth (dd/mm/yyyy): ____/____/_____

Medical record number: _____ Patient's address _____

SUSPECTED MEDICINES / VACCINES

*Medicine/Vaccine (Reg. No. or Brand, if any)	Batch/Lot No.	Dosage & frequency	Route	Date started (dd/mm/yyyy)	Date stopped (dd/mm/yyyy)	Reason for using
				___/___/____	___/___/____	
				___/___/____	___/___/____	
				___/___/____	___/___/____	

SIDE EFFECT(S) / ADVERSE REACTION(S)

*Date started (dd/mm/yyyy): ____/____/_____ time: _____

*Describe the side effects or reaction or problem:

Relevant medical history and concurrent condition:
(Pertinent information to understand the case such as disease, conditions such as pregnancy, allergies, surgical procedures, psychological trauma, etc.)

Results of tests and procedures:
(Tests and procedures performed to diagnose or confirm the reaction/event, including those test done to investigate or to exclude a non-drug cause/ Results of test/procedures may be attached)

Do you consider the reaction to be serious? ○ yes ○ no
If yes, reason
- ☐ death (date: _____)
- ☐ hospitalization/prolonged (date of admission: _____)
- ☐ congenital-anomaly
- ☐ life-threatening
- ☐ disabling
- ☐ other medically important condition

Was this a medication error? ○ yes ○ no

Action taken:
- ☐ medicine withdrawn
- ☐ dose reduced
- ☐ no change

Is treatment given? ○ yes ○ no
If yes, please specify: _____

Outcome of reaction
- ☐ recovered (date: _____) with sequelae?
  - ○ no
  - ○ yes, describe _____
- ☐ not yet recovered
- ☐ fatal
- ☐ unknown

Did the reaction recur on readministration of suspected medicine(s)?
○ yes ○ no ○ not applicable

List all other medicines/vaccines taken at the same time (including diluent)

Medicine/Vaccine(DR XY No. or Brand, if any)	Batch/Lot No.	Dosage & frequency	Route	Date started (dd/mm/yyyy)	Date stopped (dd/mm/yyyy)	Reason for using

☐ no other medicines used

REPORTER INFORMATION

*Name: _____

Address: _____

*Contact/Mobile No.: _____

Email: _____

Signature/ initials: _____

Date of report (dd/mm/yyyy): ____/____/_____

*Reporter qualification:
- ☐ physician
- ☐ pharmacist
- ☐ other health professional
- ☐ patient/consumer
- ☐ nurse
- ☐ dentist

Thank you for your time completing this form!

CONFIDENTIALITY

Any information including attachment/s related to the identities of the reporter and patient will be kept confidential.

The report is for safety information purposes and will not be used against the practice of the reporting healthcare professional.

WHAT TO REPORT

Please report any of the following:

- All serious adverse reactions
- All adverse reactions related to newly introduced medicines and vaccines
- Medication errors, lack of efficacy, overdose, off-label use that resulted to serious adverse reactions
- Adverse reactions suspected to be related to a product defect

Report even if you are not sure that the drug caused the event!

For follow-up reports:
Any follow-up information that has already been reported may be sent to us in another form or through other reporting channels. Please indicate that it is a follow up report.

HOW TO REPORT

Suspected adverse reaction may be reported through any of the following:

- Mail or Direct submission to:

  FOOD AND DRUG ADMINISTRATION
  Center for Drug Regulation and Research
  Civic Drive, Filinvest City, Alabang, Muntinlupa City 1781

  or
  FDA Regional Field Office near you

- Email to pharmacovigilance@fda.gov.ph
- Online reporting:
  https://primaryreporting.who-umc.org/Reporting/Reporter?OrganizationID=PH
- Telephone: (02) 8809 5596

This form can be downloaded from:

https://www.fda.gov.ph/pharmacovigilance/

WHY DO WE NEED TO REPORT

Every time you report a side effect you are contributing to improve the safety of medicines and vaccines used by Filipinos.

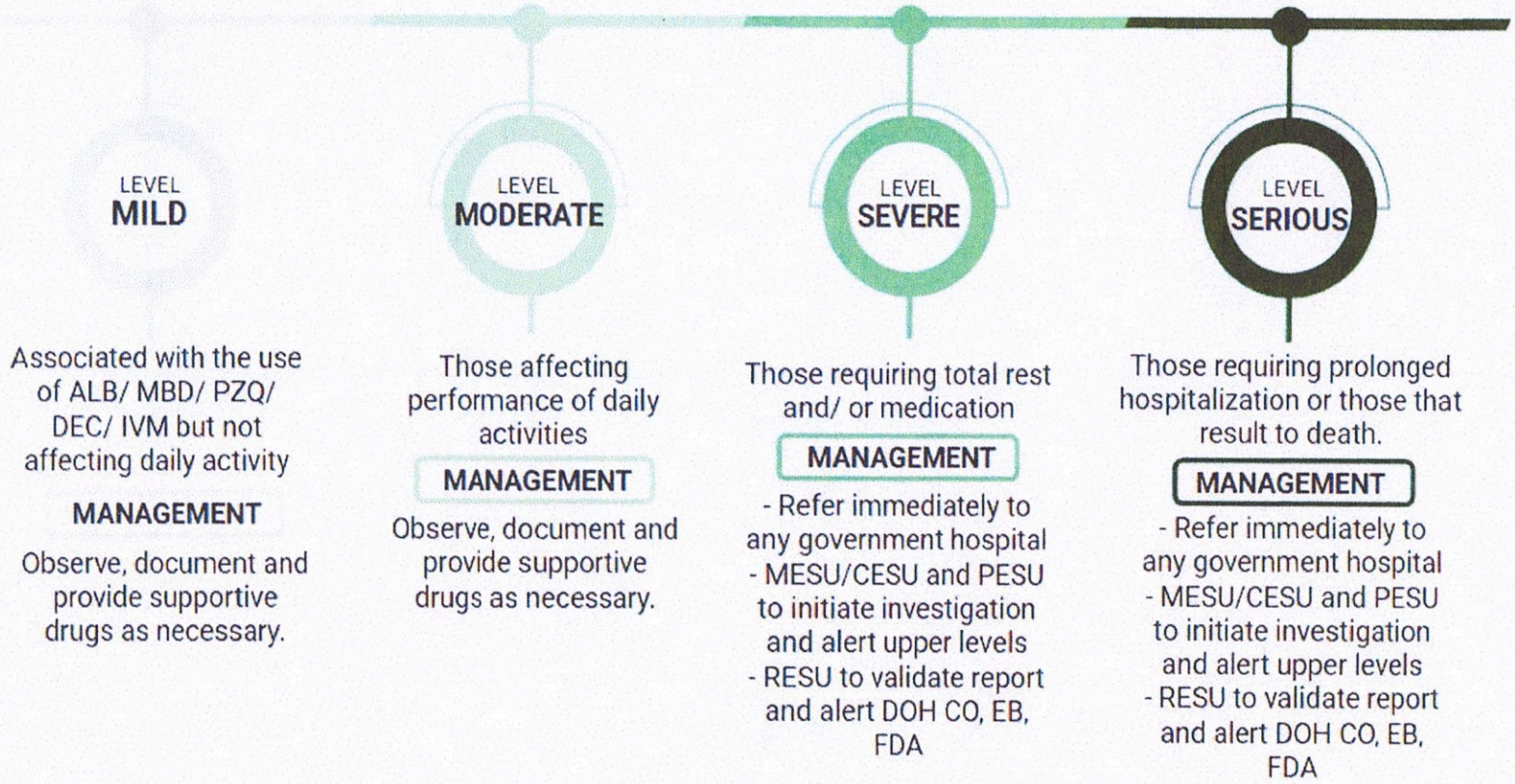
Drugs and vaccines are registered to and evaluated by the FDA considering the quality of the products. However, no medicine is guaranteed 100% safe. Although they are carefully tested and evaluated, some side effects or adverse reactions may become evident only after the product is in use by the general population.

Your report may contribute to:

- the identification of previously unrecorded or unrecognized rare or serious side effect;
- changes in product safety information or labelling, or other regulatory actions such as product recall or removal from the market;
- international data regarding benefit, risk or effectiveness assessment of medicines and vaccines;

Regulatory actions are imposed by the FDA to secure the safety of the public. It also provide consumers and healthcare professionals guidance on the rational use of medicines and vaccines.

Annex E. Management of Adverse Events



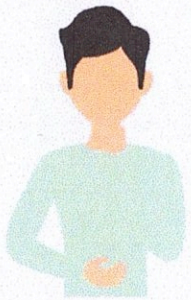
Annex F. Management of Common Adverse Events
(For Soil- Transmitted Helminthiasis)

WAYS TO MANAGE COMMON ADVERSE EVENTS

Common Adverse Effects
(Albendazole for STH)

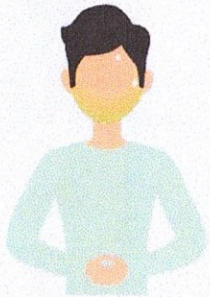
Local sensitivity or allergy

Give antihistamine



Mild abdominal pain

Give antispasmodic



Diarrhea

Give oral rehydrating solution

Erratic worm migration

Pull out the worms from mouth /nose

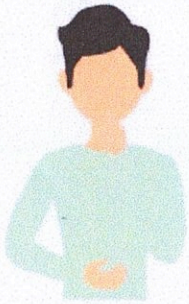
(For Schistosomiasis)

WAYS TO MANAGE COMMON ADVERSE EVENTS

Common Adverse Effects
(Praziquantel for SCH)

Local sensitivity or allergy

Give antihistamine



Mild abdominal pain, discomfort

Give antispasmodic

Diarrhea

Give oral rehydrating solution

Fever, headache, dizziness

Give analgesic/ anti-inflammatory drugs; Give antivertigo drugs, if necessary

REFERENCES

1. Department of Education (2025). DepEd Memorandum OM-OUOPS-2025-08-80848: *"Advisory on the School-based Deworming Program"* https://tinyurl.com/DepEd-Memo-2025-08-80848

2. Department of Health (2024). *"Advisory on the Additional Guidance on the STH and SCH MDA Activities"* https://tinyurl.com/ihcp-2024-advisory-jan2025mda

3. Department of Health (2024). *Department Circular No. 2024-0429: "Guidelines on the Conduct of Mass Drug Administration (MDA) for Soil-Transmitted Helminthiasis (STH) for July 2024"* https://tinyurl.com/ihcp-dc-2024-0249

4. Department of Health (2015). *Administrative Order (AO) No. 2015-0054 entitled, "Revised Guidelines on Mass Drug Administration and the Management of Adverse Events Following Deworming (AEFD) and Serious Adverse Events (SAE)"* https://tinyurl.com/aefd-2015-0054

5. Department of Health (2010). *Administrative Order (AO) No. 2010-0023 entitled, "Guidelines on Deworming Drug Administration and the Management of Adverse Effects Following Deworming"* https://tinyurl.com/aoaefd

6. Kabatende, J., Barry, A., Mugisha, M., Ntirenganya, L., Bergman, U., Bienvenu, E., & Aklillu, E. (2022). Safety of Praziquantel and Albendazole Coadministration for the Control and Elimination of Schistosomiasis and Soil-Transmitted Helminths Among Children in Rwanda: An Active Surveillance Study. Drug safety, 45(8), 909–922. https://doi.org/10.1007/s40264-022-01201-3

7. Inobaya, M. T. et al (2015). Schistosomiasis Mass Drug Administration in the Philippines: Lessons learnt and the global implications. Microbes and Infection, 17(1), 6–15. https://doi.org/10.1016/j.micinf.2014.10.006

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

August 28, 2025

DEPARTMENT CIRCULAR
No. 2025 - 0404

TO: **ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), CHIEFS OF DOH HOSPITALS, MEDICAL CENTERS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, ATTACHED AGENCIES, LOCAL HEALTH SYSTEMS DIVISION CHIEFS, AND OTHERS CONCERNED**

SUBJECT: **Advisory on the Conduct of the National Parasite Prevalence Survey for Schistosomiasis and Soil-Transmitted Helminthiasis by the Research Institute for Tropical Medicine (Phase I)**

The Department of Health (DOH), through the Integrated Helminth Control Program (IHCP) and the Schistosomiasis Control and Elimination Program (SCEP), acknowledges the need to update the National Parasite Prevalence Survey (NPPS) for Schistosomiasis (SCH) and Soil-Transmitted Helminthiasis (STH). The latest NPPS was conducted last 2015 through the collaborative efforts of the DOH and the Research Institute for Tropical Medicine (RITM) with the objectives of determining the prevalence of STH infections using the Kato-Katz technique among individuals ages 5-16 years old, and updating the prevalence of *S. japonicum* in the country, particularly in endemic areas to determine the intensity of infections.

For this year, the DOH and RITM will be collaborating again to conduct NPPS. This is to establish an updated baseline data to support national set targets for both the IHCP and SCEP, as outlined in the Philippine Multi-Disease Elimination Plan 2024- 2030 (MDEP), particularly for the possible elimination of Schistosomiasis with a decrease of the proportion of heavy intensity infection to <1%. Further, the updated results would guide the Program in adjusting the frequency of mass drug administration (MDA) for both diseases, which is a vital strategy in reducing the burden of disease, per the World Health Organization (WHO) recommendation.

Relative to this, the **Centers for Health Development (CHDs) and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) Regional Program Managers and Coordinators for SCEP and IHCP** are hereby being requested to provide **full support and assistance on the conduct of NPPS** during the full course of the implementation, which will take 2-3 years such as the following but not limited:

- Coordination with the concerned implementing units and facilities and other relevant offices;
- Provision of vehicle and other logistical support, if available;
- Allocation of space for interim/makeshift laboratory set-up or for other necessary equipment for the survey, if available;

- Assistance of regional or provincial health care workers (e.g., medical technologists, barangay health care workers, etc.), if available;
- Cascade the needed assistance to all concerned implementing units; and
- Other relevant support that would contribute to the successful conduct of the study.

All concerned are hereby enjoined.

By Authority of the Secretary of Health:

GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Assistant Secretary of Health