



Republic of the Philippines  
Department of Education  
REGION VI – WESTERN VISAYAS  
SCHOOLS DIVISION OF AKLAN

February 5, 2026

**DIVISION MEMORANDUM**

No. 073, s. 2026

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

To: Education Program Supervisors  
Public Schools District Supervisors  
Principals/Head Teacher In-charge of the District  
Heads of Public Elementary, Secondary and Integrated Schools  
School Health and Nutrition Section Personnel  
Secondary School Nurses/School - Based Nurses  
District/School Health Coordinators  
Deworming Coordinators  
All Others Concerned

1. Attached is the Regional Memorandum No. 083, s. 2026 dated January 27, 2026 regarding the **Updated Reporting Mechanism for School-based Deworming Program and Conduct of National Parasite Prevalence Survey (NPPS)**, which is self-explanatory.
2. Anent this, school focal person of Soil Transmitted Helminthiasis Program (Deworming) is requested to submit master list of eligible recipients of deworming tablets to the RHU focal person counterpart.
3. All school focal person shall coordinate with the RHU for the schedule of deworming.
4. Informed consent must be secured from parents/guardian.
5. Immediate dissemination of and compliance with this Memorandum are desired.

FOR THE SCHOOLS DIVISION SUPERINTENDENT:

**MICHAEL T. RAPIZ**  
Chief Education Supervisor  
School Governance and Operations Division  
In-charge of the Division

Enclosure: None.

Reference: Regional Memorandum No. 083, s. 2026

To be indicated in the Perpetual Index

Under the following subjects:

PROGRAM

SCHOOLS

SURVEY

RMF/pmide



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Republic of the Philippines  
**Department of Education**  
REGION VI – WESTERN VISAYAS


JAN 27 2026

REGIONAL MEMORANDUM  
No. 083 s. 2026

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

To: All Schools Division Superintendents  
All Others Concerned

1. Attached is Memorandum OM-OUGOPS-2026-08-08029 from **Hon. Malcom S. Garma, Undersecretary for Governance and Operation**, dated January 5, 2026 regarding the **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.

  
**CRISTITO A. ECO, CESO III**  
Assitant Regional Director  
Officer-In-Charge  
Office of the Regional Director

Enclosure: None

Reference: DepEd Memorandum OM-OUGOPS-2026-08-08029

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

PROGRAM  
SCHOOLS  
SURVEY

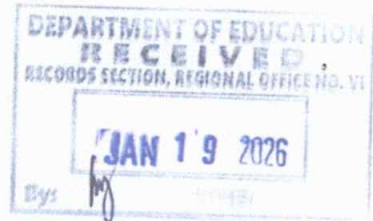
REB/ESSD-RM/ UPDATED REPORTING MECHANISM...  
09/JANUARY 21, 2026



Address: Duran Street, Iloilo City, 5000  
Telephone Nos: (033)509-7653; (033)336-2816  
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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 31 <sup>st</sup>  July Round: Every September 30 <sup>th</sup>

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\\_shtd@deped.gov.ph](mailto:blss_shtd@deped.gov.ph).



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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**

**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	<b>January Round:</b> Every March 31st  <b>July Round:</b> Every September 30th

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

Updates	Specific Changes
1. <b>New age disaggregation</b>	5-14 years old 15-19 years old 20-59 years old 60 years old and above
2. <b>Deadline of reporting</b>	<b>January MDA:</b> 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.

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- 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.

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### 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/medwatch>, through email at [medwatch@fda.hhs.gov](mailto:medwatch@fda.hhs.gov), 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/medwatch>. 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

manifested. 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 (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

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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

# STEP BY STEP PROCESS OF CONDUCTING MDA (Community-Based)

## 1 PRE-IMPLEMENTATION PHASE





Submit final report



Conduct mop up (house-to-house)



Conduct MDA and M&E for adverse events

**3** POST - IMPLEMENTATION PHASE

**2** IMPLEMENTATION PHASE

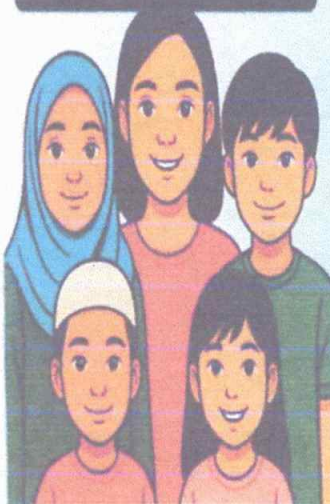
### Annex C. IHCP Deworming Card

<https://tinyurl.com/ahdewormingcard>

(Front cover)



## CHILD DEWORMING CARD



MAKUSOG AT MASIYALAN  
**BATANG PILIPINO**



### Child's Information

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ 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 **WORMS**

- W** Wash Hands
- O** Observe proper use of toilet
- R** Reduce exposure to animals, livestock, and unimproved food
- M** Mass Deworming / Magpapurga
- S** wear Slippers / Shoes

*Alin ang mga sintomas ng Tangi may balut sa Tanga?*

- Pamumula o anemia
- Pagpapasa ng stool sa panatili ng mga pangangailangan
- Kawalang pagkain kumain
- Maginging Gulo
- Pagbabala ng Gintang
- Pagkawala ng Gulo
- Maramingyon
- Pagiging malambing at maginging mapangit
- Pagiging nakapangit kasama ang pagpapasa

Ang pagpapasa ng stool ay dapat na **Saig**, transmitted helminthiasis. Maramingyon, kawalang pagkain kumain, pagkawala ng gulo, maramingyon, pagiging nakapangit kasama ang pagpapasa ng stool ay mga sintomas ng balut sa Tanga. Magpangit sa iyong lokal na health center.



**Annex D. FDA Suspected Side Effects Reporting Form**



**SUSPECTED SIDE EFFECTS REPORTING FORM**

"Saving Lives Through Vigilant Reporting"

**CONFIDENTIAL**

**\* FIELDS ARE MANDATORY. Please fill all fields as completely as possible.**  
 Match additional identifiers if necessary. See instructions on back.

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 Name)	Batch/Lot No.	Dosage & frequency	Route	Date started (dd/mm/yyyy)	Date stopped (dd/mm/yyyy)	Reason for using

**SIDE EFFECTS / ADVERSE REACTIONS**

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. Include these test  
 items in response or to describe a high-priority case. Results of test/procedures may be attached.

Relevant medical history and concurrent condition  
Provide information to understand the case such as disease conditions such as organics,  
 allergies, current problems, psychological factors, etc.

Do you consider the reaction to be serious?  Yes  No  
 If yes, reason:  
 death (see \_\_\_\_\_)     life-threatening  
 hospitalization/prolonged     disabling  
 failure of action (see \_\_\_\_\_)     other medically important condition  
 congenital anomaly

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 (see \_\_\_\_\_)     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 OTCs)**

Medicine/Vaccine (Reg. No. or Brand Name)	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

## CONFIDENTIALITY

Any information including attachments 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](mailto: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.

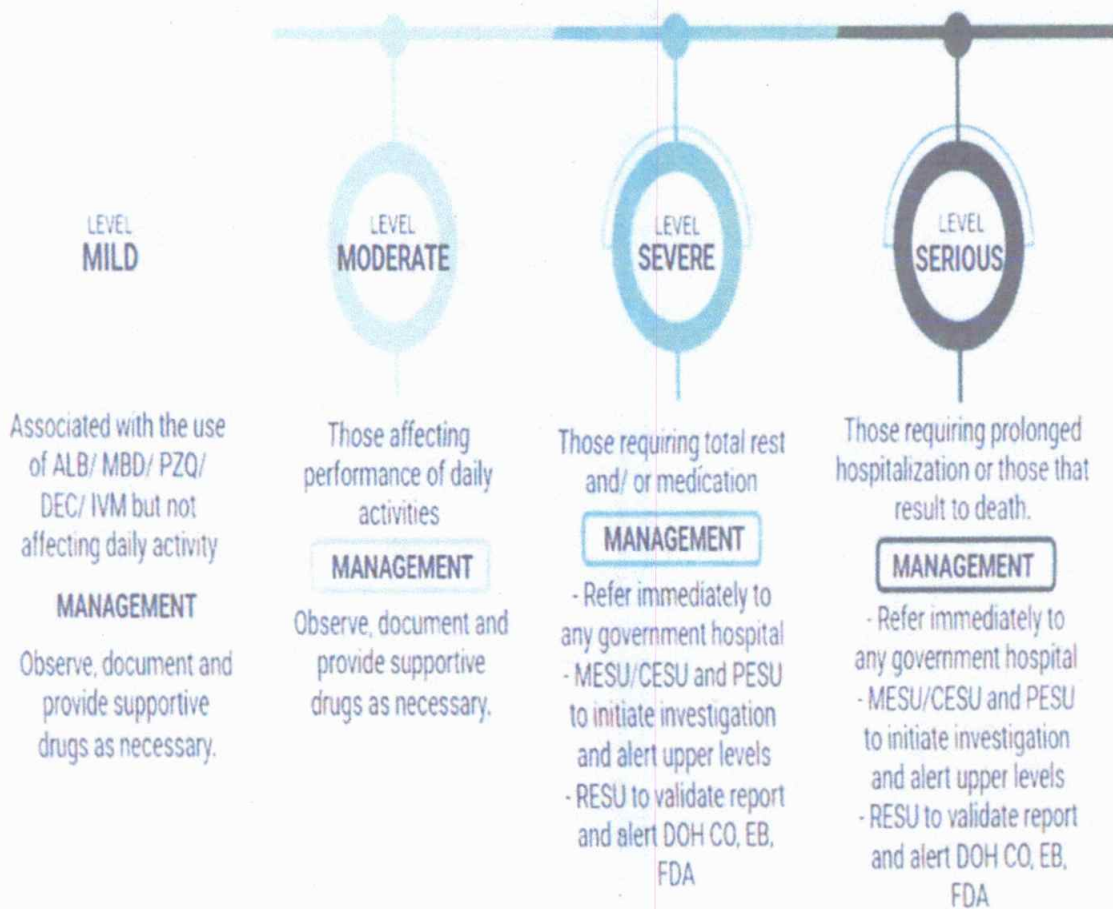
Drugs and vaccines are registered to and evaluated by the FDA considering the quality of the products. However, no medicine is guaranteed 100% safe. Although they are carefully tested and evaluated, some side effects or adverse reactions may become evident only after the product is in use by the general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

Your report may contribute to:

- the identification of previously unrecorded or unrecognized rare or serious side effect.
- changes in product safety information or labeling, or other regulatory actions such as product recall or

- 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/fhcp-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/fhcp-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/ae-fd-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/aoae-fd>
6. Kabatende, J., Barry, A., Mugisha, M., Ntiringanya, 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



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.

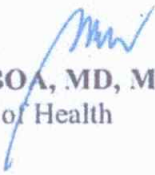
Relative to this, the **Centers for Health Development (CHDs) and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) Regional Program Managers and Coordinators for SCEP and IHCP** are hereby being requested to provide **full support and assistance on the conduct of NPPS** 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