



## OFFICE OF THE GOVERNOR

### EXECUTIVE ORDER NO. 34 Series of 2024

#### AN EXECUTIVE ORDER FOR INTENSIFYING EFFORTS ON THE DENGUE PREVENTION, DETECTION, AND CONTROL IN THE PROVINCE

**WHEREAS**, as of 02 August 2024, Provincial Health Office – Epidemic-Prone and Disease Surveillance System has recorded two thousand six hundred ninety-seven (2,697) dengue cases with twelve (12) deaths. Said data shows a drastic increase of dengue cases by seventy-five percent (75%) from last year's one thousand five hundred twenty-seven (1,527) dengue cases with 12 deaths;

**WHEREAS**, four (4) city/municipalities of the province, namely, Calapan City, Mansalay, Pinamalayan and Bulalacao, exceeded the epidemic threshold for dengue;

**WHEREAS**, the Department of the Interior and Local Government (DILG) Memorandum Circular (MC) No. 2019-130 directs local government units (LGUs) to comply with the DOH 4S Strategy Against Dengue and other mosquito-borne diseases. It also, encourages the LGUs to introduce mechanisms to prevent and control the spread of the disease.

**NOW, THEREFORE, I, HUMERLITO A. DOLOR, MPA, Ph.D.**, by virtue of the powers vested in me as the Provincial Governor by Section 465(b) (2) (iii), Article One, Chapter 3, Title 4, Book III, Republic Act No. 7160, also known as the Local Government Code of 1991 and other pertinent laws and issuances, do hereby promulgate this Executive Order as follows:

**SECTION 1. Duties and Functions Local Chief Executives.** Pursuant to Section 4.1 of the DILG MC. No. 2019-130, the local chief executives (LCEs) of Oriental Mindoro are enjoined to:

- a) Ensure the implementation of the DOH's Enhanced 4S Strategy, which is a prevention and control strategy against Aedes-borne diseases, specifically Dengue, Chikugunya, and Zika viruses;
- b) Activate the Aksyon Barangay Kontra Dengue (ABKD), per DILG MC No. 2012-16, dated 30 January 2012;
- c) Synchronize the conduct of the 4 o'clock Habit para Deng-get Out activities, or the simultaneous cleaning of household and community surroundings, getting rid of stagnant water and other mosquito-breeding sites, and conducting measures to prevent water stagnation, every day at 4:00 in the afternoon.
- d) Facilitate local chemical interventions in communities such as spraying and larviciding;
- e) Implement the DOH's "Checklist for Dengue Epidemic Preparedness and Response for Local Government Unit" (Annex 1);
- f) Ensure all concerned institutions under their respective jurisdictions implement all actions based on DOH's "Checklist for Dengue Epidemic Preparedness and Response for Schools (Public and Private), Rural Health Units and City Health Offices" (Annex 2);
- g) Oversee the preparedness of the Rural Health Units, and Municipal/City Health Offices and LGU-operated health facilities by ensuring the consistent availability of adequate logistics, such as Oresol, non-structural protein 1-based rapid diagnostic test (NS1 RDT), larvicides, medicines, insecticides for the conduct of misting operations, etc;

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- h) Provide emergency transportation for patients during referrals; and
- i) Encourage residents to observe early consultations.

**SECTION 2. Prevention and Control of Dengue Transmission.** The dengue virus is transmitted to humans through the bites of infected female mosquitos, primarily the *Aedes aegypti* mosquito. The public are encouraged to observe the following prevention and control methods against dengue:

**A. In household/community settings:**

I. Eliminate Mosquito Breeding Sites:

- a) Regularly inspect and clean containers that can hold water, such as buckets, vases, and old tires; and
- b) Cover water storage containers tightly and keep gutters clear to prevent water accumulation.

II. Use Mosquito Repellents and Barriers:

- a) Apply insect repellents containing deet, picaridin, or lemon/ eucalyptus oil on exposed skin;
- b) Install window and door screens to keep mosquitoes out of homes; and
- c) Use mosquito nets over beds, especially for infants and young children.

III. Maintain Clean Surroundings:

- a) Keep the yard and surroundings free from garbage and debris where mosquitoes might breed; and
- b) Trim plants and grass to reduce mosquito resting places.

IV. Community Engagement and Education:

- a) Participate in local clean-up drives and community efforts to reduce mosquito habitats; and
- b) Educate family members and neighbors about dengue symptoms and prevention methods.

V. Support Local Health Initiatives:

- a) Participate in government or local health office initiatives for mosquito control, such as fogging operations; and
- b) Report suspected cases of dengue to health authorities for prompt action and monitoring.

**B. In health facilities:**

- I. Surveillance and Monitoring - Implement active surveillance to track dengue cases and mortality. Local data may be used to monitor trends, allocate resources efficiently and identify potential outbreaks which may arise.
- II. Public Education and Awareness – The public must be educated about dengue prevention, symptoms, and the importance of seeking early treatment. Media channels and community outreach programs may be utilized as tools for dissemination regarding dengue.
- III. Vector Control - Collaboration with local authorities may be established to manage and reduce mosquito populations. This includes eliminating standing water, using

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insecticides, and promoting personal protective measures like mosquito nets and repellents.

- IV. **Diagnostic Services** – The availability of accurate and timely diagnostic testing for dengue shall be ensured. This includes setting up or enhancing laboratory capabilities to handle increased demand for dengue testing.
- V. **Treatment Protocols** - Clear treatment guidelines for managing dengue patients, including hydration therapy and monitoring for complications shall be established. Healthcare providers and professionals shall be educated on these protocols.
- VI. **Emergency Response Plans** - Emergency response plans, including surge capacity for hospitals, stockpiling essential supplies, and setting up triage systems to manage large numbers of patients, may be developed and implemented. The **Dengue Fast Lanes** in all public and private hospitals and rural health units may be established to ensure the provision of timely and adequate medical attention in the management of the disease.
- VII. **Collaboration and Coordination** – The LGUs may collaborate and work with other health organizations, governmental bodies, and international agencies to coordinate efforts and share resources and information.
- VIII. **Community Engagement** - Local communities shall be encouraged to be involved in dengue prevention efforts and to address any concerns or misconceptions about the disease.

**C. In schools, colleges and universities:**

- I. **Eliminate Mosquito Breeding Sites**
  - a) **Regular Inspections:** Conduct frequent inspections of school grounds to identify and eliminate standing water in containers, plant pots, and other areas where mosquitoes can breed.
  - b) **Proper Waste Disposal:** Ensure that trash cans are covered, and that waste is disposed of properly. Avoid leaving garbage in open areas where it can collect rainwater.
  - c) **Maintain Cleanliness:** Keep gutters and drains clean and free of debris to prevent water accumulation.
- II. **Promote Personal Protection:**
  - a) **Use Mosquito Repellents:** Encourage the use of mosquito repellents containing deet, picaridin, or lemon/eucalyptus oil.
  - b) **Wear Protective Clothing:** Suggest wearing long sleeves and long pants, especially during peak mosquito activity times, such as early morning and late afternoon.
- III. **Enhance School Infrastructure:**
  - a) **Install Screens:** Ensure that windows and doors are fitted with screens to prevent mosquitoes from entering classrooms and other indoor areas.
  - b) **Improve Ventilation:** Use fans and air conditioning to reduce mosquito presence/activity indoors, as mosquitoes are less active in cooler environments.
- IV. **Educate and Raise Awareness:**
  - a) **Training and Workshops:** Conduct training sessions for staff and students about dengue prevention and the importance of reducing mosquito breeding sites.

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- b) Educational Materials: Provide posters, flyers, and other educational materials to increase awareness about dengue and prevention strategies.
- V. Community Engagement:
- a) Collaborate with Local Authorities: Work with local health offices and community organizations to implement broader dengue control measures and stay informed about local outbreaks.
  - b) Parent and Community Involvement: Engage parents and the local community in dengue prevention efforts and encourage them to take similar precautions at home.
- VI. Health Monitoring:
- a) Regular Health Check-ups: Monitor students and staff for symptoms of dengue fever, such as high fever, severe headache, pain behind the eyes, joint and muscle pain, and rash.
  - b) Prompt Medical Attention: Ensure that there are clear protocols for seeking medical attention if dengue symptoms are detected.

**D. In workplace and other institutions:**

- I. Education and Awareness – Employees shall be educated about dengue symptoms, prevention methods, and the importance of seeking medical attention early. Posters, workshops, and email updates may be used to promote awareness against dengue.
- II. Vector Control – Regular inspections shall be conducted to eliminate potential mosquito breeding sites around the workplace, such as standing water in containers or outdoor areas.
- III. Personal Protection – Employees shall be encouraged to use mosquito repellents, wear long sleeves and pants, and to avoid outdoor activities during period of peak mosquito activity times.
- IV. Health Monitoring – A system for monitoring employees' health shall be established. Support may be provided to those who show symptoms of dengue. Sick employees shall be allowed to take sick leave/s without stigma.
- V. Workplace Hygiene – Clean and hygienic conditions in and around the workplace must be maintained to minimize mosquito attraction.
- VI. Collaboration with Health Authorities – Collaboration with local health authorities and offices must be created to stay informed about dengue trends and to implement any recommended measures.
- VII. Emergency Procedures – Clear procedures for dealing with a dengue outbreak, including how to report symptoms and seek medical care, must be developed and disseminated in the workplace.
- VIII. Regular Communication – Keep employees informed about ongoing efforts, changes in policies, and any new developments related to dengue.

**SECTION 3: Detection and Reporting of Dengue cases.**

**A. Dengue Surveillance**

- i. The detection and reporting of dengue cases shall be a shared responsibility among LGUs, health facilities, and the public. The Provincial Epidemiology and Surveillance Unit (PESU) shall lead in intensifying the surveillance activities of the Local Epidemiology and Surveillance Units (ESUs), to enable early detection, reporting and analysis of epidemiological data regarding dengue;

- ii. Dengue was included as a notifiable disease under RA No. 11332 and AO No. 2021-0057. All cases in disease reporting units who follow the Dengue Standard case definitions should be reported through the Philippine Integrated Disease Surveillance and Response (PIDSR) System;
  - iii. Disease surveillance shall be strengthened at all levels, including hospitals, to ensure immediate case detection, quality surveillance data, and laboratory confirmation; and
  - iv. Disease reporting units shall submit weekly reports to the next higher-level Epidemiology and Surveillance Units (ESUs) using the Dengue Case Report Forms, following the reporting flow of the PIDSR system.
- B. Vector Surveillance**
- i. The following vector surveillance activities shall be the main responsibility of LGUs:
    - a) Identifying mosquito breeding sites and destroying them;
    - b) Monitoring high-risk areas based on vector population using Aedes Vector Surveillance Indices;
    - c) Monitoring fluctuations in the vector population to provide early warning of an impending dengue outbreak;
    - d) Providing evidence for recommending prevention and control measures; and
    - e) Assessing the impact of dengue vector control measures
  - ii. The concerned ESU or health office shall refer to the National Aedes-borne Viral Diseases Prevention and Control Program (NAVDP) Manual of for their specific duties and operational procedures which must be followed.

**SECTION 4: Screening and Diagnosis of Dengue Cases.** All suspected dengue cases shall be tested with the Dengue NS1 Rapid Diagnostic Test, especially those individuals presenting within 3 days of symptom onset, and patients with no previous history of dengue infection.

**SECTION 5. Risk Communication and Community Engagement.** Conduct advocacy interventions within the province shall be conducted using localized information and education materials through both online and non-online platforms.

**SECTION 6. Separability Clause.** If any provision of this Executive Order is found to be unconstitutional or inconsistent with any national or local laws, ordinances, or resolutions, all the other provisions thereof shall remain in full force and applicable.

**SECTION 7. Repealing Clause.** All executive orders, rules, and regulations or parts thereof issued by the Provincial Government of Oriental Mindoro inconsistent with this Executive Order are hereby amended, repealed and/or modified accordingly.

**SECTION 8. Effectivity.** This Executive Order shall take effect immediately upon approval until necessary Executive Order modifying or repealing the same is issued.

**DONE IN THE CITY OF CALAPAN, ORIENTAL MINDORO,** this 16<sup>th</sup> day of August in the year of our Lord, Two Thousand Twenty-Four.

  
**HUMERTO A. DOLOR, MPA, PH.D.**  
Provincial Governor