



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



BAGONG PILIPINAS

April 08, 2026

DEPARTMENT CIRCULAR

No. 2026- 0179

FOR: 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: Use of the One HIV, AIDS, and STI Information System (OHASIS) for Reporting Sexually-Transmitted Infections (STIs) and Viral Hepatitis (VH)

The Department of Health (DOH), through the National HIV/AIDS and STI Surveillance and Strategic Information Unit of the Epidemiology Bureau (EB-NHSSS), is mandated under Republic Act (RA) No. 11166 to collect, analyze, and disseminate disease surveillance information to guide health decision-making and the implementation of appropriate interventions. This mandate is further reinforced by RA 11332, which requires the mandatory reporting of notifiable diseases to ensure effective public health surveillance. In support of this, the One HIV, AIDS, and STI Information System (OHASIS) was developed by the EB-NHSSS as a centralized information system for HIV, sexually transmitted infections (STIs), and viral hepatitis (VH). While OHASIS has been operational since 2021, the system has primarily captured HIV-related data, with reporting for STIs and VH not yet fully streamlined across health facilities. This has resulted in underreporting of STIs and VH, which consequently limits evidence-based decision-making and the development of effective programmatic responses for these conditions.

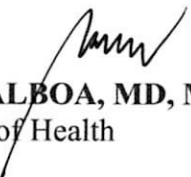
In response, the EB-NHSSS hereby mandates all health facilities to utilize both the STI and VH modules in the OHASIS. The STI module shall capture data on the following infections: syphilis, gonorrhea and other non-gonococcal infections, trichomoniasis, human papillomavirus (HPV), genital warts, herpes simplex virus (HSV), and bacterial vaginosis. The VH module shall cover the reporting of Hepatitis B and C. The implementation of this directive shall be supported by conducting training sessions on module utilization for Regional Epidemiology and Surveillance Unit (RESU) personnel responsible for HIV/STI surveillance, to be carried out within 2026. RESU personnel who have completed the training shall, in turn, be responsible for cascading the same to their respective health facilities.

Furthermore, the EB-NHSSS shall distribute physical copies of the pertinent reporting forms subsequent to the conduct of the training. Mandatory reporting by health facilities shall commence only upon their proper onboarding to the OHASIS modules. A detailed timeline for the onboarding of the STI and VH modules is provided in **Annex A**.

Likewise, the Laboratory and Blood Bank Surveillance (LaBBS) shall be maintained as a separate surveillance system, pursuant to Administrative Order no. 2005-0027 and Department Memorandum 2013-0089. Dedicated RESU staff shall be assigned to collate submissions of HIV/STI data from health facilities, diagnostic laboratories, and blood banks on a monthly basis using prescribed reporting templates.

For immediate and appropriate action.

By Authority of the Secretary of Health:


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

Annex A. Implementation Phases for the Utilization of the STI and VH Modules

Phase	Expected Activities	Schedule
Phase 1	Conduct of Training of Trainers for RESU Personnel on the Utilization of the STI and VH Modules	Q2 2026
Phase 2	Cascade of Training by RESU Personnel to their Respective Health Facilities	Q2 2026 to 2027
Phase 3	Reporting of Health Facilities to the STI and VH Module	Q2 2026 onwards
Phase 4	Development of the National STI and Viral Hepatitis Report	Q4 2026 onwards