



Republic of the Philippines
Department of Health
Eastern Visayas
Center for Health Development



ADVISORY

NO. 006

TO: ALL DOH-EV CHD PDOHO PERSONNEL and HRH PS-CONTRACTUAL

FROM: *Minerva P. Molon*
MINERVA P. MOLON, MD, MPH, FPPA, CESO III
Director IV *mf*

DATE: March 24, 2020

SUBJECT: NON-DISRUPTION OF ESSENTIAL HEALTH SERVICES FOR THE
COMMUNITY and DISSEMINATION OF DM 2020-0108/0108-A

In view of the present crisis on COVID 19 Pandemic, the Department of Health - Center for Health Development Eastern Visayas is reminding all health facilities NOT TO DISRUPT the provision of basic health services while responding and doing interventions to contain the spread of COVID 19. Continuous provision of such health services will prevent future health concerns among this age group. Concerned health workers, in coordination with primary care providers, are hereby enjoined to continue conducting the following:

1. Routine Immunization for the newborn and children under 5 years old
2. Handling of low risk pregnancies in the City/Rural Health Units and Birthing Facilities
3. Provision of essential drugs especially hypoglycemics for diabetics and anti-hypertensive drugs for hypertensives
4. Appropriate pneumococcal immunization for elderlies/senior citizens.
5. Continue surveillance on measles, polio, dengue and unusual clustering of health events especially pneumonia and upper respiratory infections
6. Observe cut-off time for submitting reports at all levels

Further, the PDOHO employees shall disseminate the attached Department Memorandum No. 2020-0108 and 0108-A to the different health facilities for their guidance.

Please be guided accordingly.



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 16, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0108-A

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Amendment to Department Memorandum 2020-0108 entitled “Guidelines for Management of Patients with Possible and Confirmed COVID-19”

The Department Memorandum 2020-0108 entitled “Guidelines for the Management of Patients with Possible and Confirmed COVID-19” is hereby amended to reflect the following change:

- I. To revise Section II.A.2.a.iv. on Roles and Responsibilities of BOQ at Ports of Entry to read:
 - “iv. Assess PUI for severity of symptoms, age, and co-morbidities.
 1. For PUIs with mild symptoms, no co-morbidities and/or non-elderly, refer to **Section C.2.**
 2. For PUIs who are **elderly and/or with co-morbidities, and manifesting symptoms:**
 - a. Fill Case Investigation Form and submit to RITM.
 - b. Transport PUI to Level 2/3 hospital.”
- II. To revise the Section II.A.2.b.i.4. on Roles and Responsibilities of BOQ at Ports of Entry on reporting to read:
 - “4. Provide the list of PUIs and PUMs to DOH COVID-19 EOC by 6AM and 6PM everyday”
- III. To change the **Section II.C.2.a.i.** on Management of PUIs and Confirmed Cases of COVID-19 to read:
 - “i. If PUI has mild symptoms with no comorbidity, and/or non-elderly, advise them to be sent home for strict self-isolation and close monitoring by local health authorities for 14 days. **There is no need to collect specimens and have them tested.”**

CERTIFIED TRUE COPY

MAR 19 2020

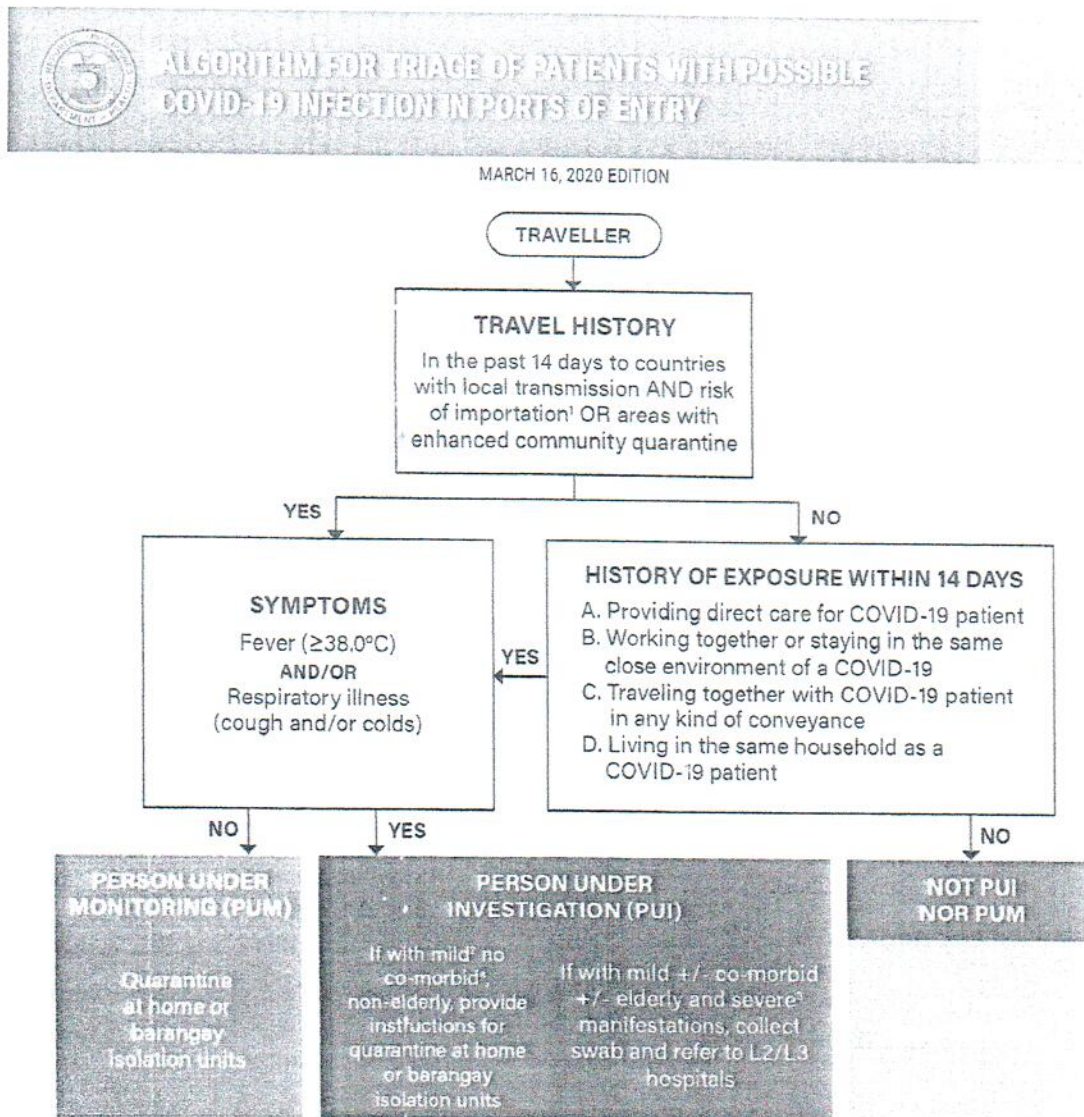
MARIA

ADMINISTRATIVE

Department of Health

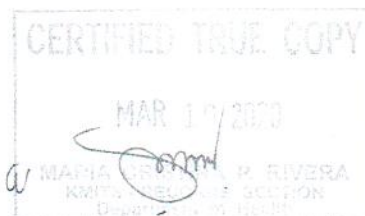
Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila • Trunk Line 651-7800 local 1108, 1111, 1112, 1113
Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: <http://www.doh.gov.ph>; e-mail: fdudque@doh.gov.ph

- IV. To revise the definition of PUI and PUM in ports of entry as reflected in the new Annex A as shown below:

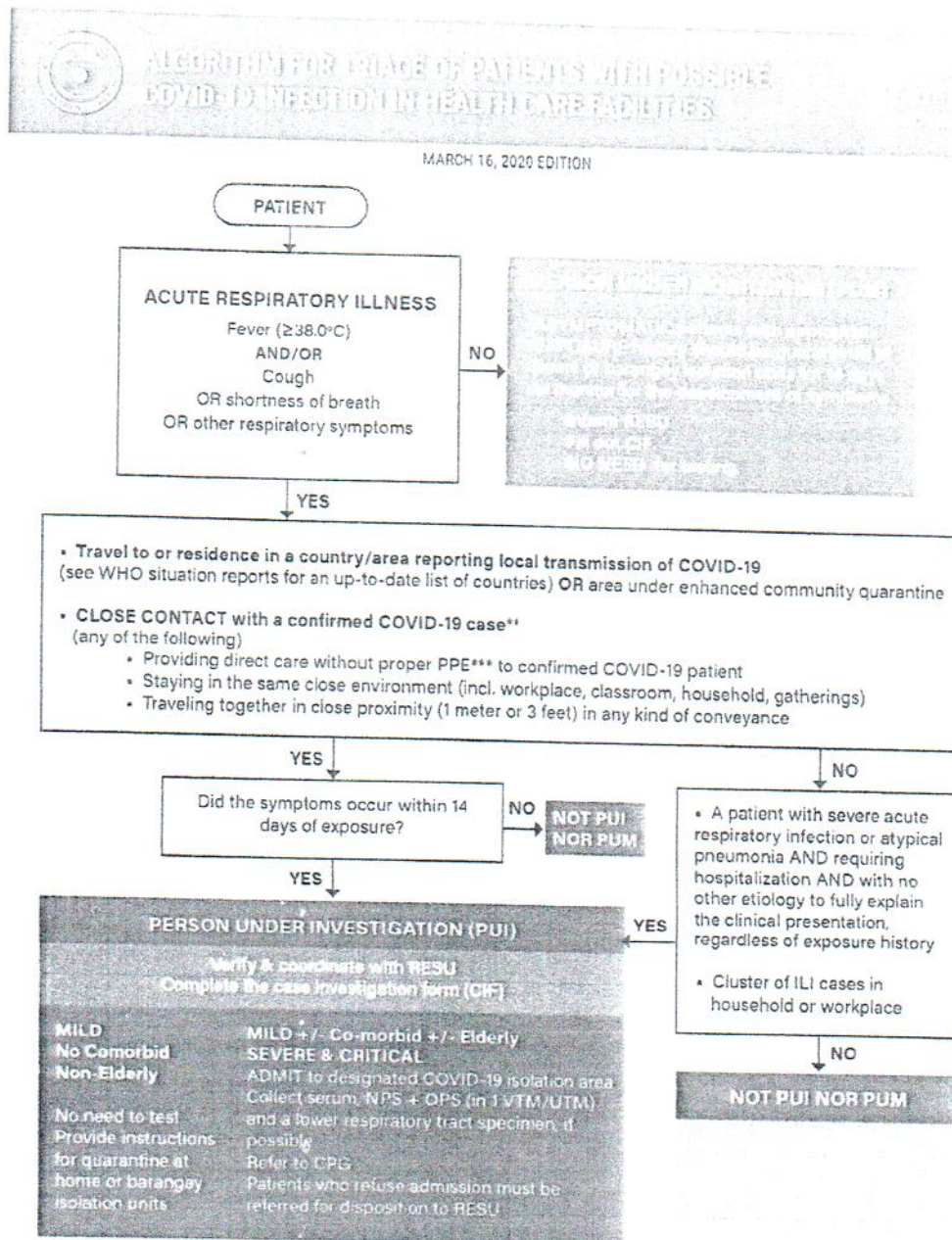


- 1 To be evaluated weekly by the ASEAN Biodiaspora Virtual Center. Separate advisory will be issued every Wednesday to determine countries to be included.
- 2 Mild manifestations include fever, dry cough, fatigue, sputum production, sore throat, headache, myalgia or arthralgia, chills, nausea or vomiting, nasal congestion, diarrhea
- 3 Severe manifestations include difficulty of breathing and/or respiratory rate ≥ 30 /minute
- 4 Persons with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression

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- V. To revise the definition of PUI and PUM in healthcare facilities as reflected in the new Annex E as shown below:



This algorithm is consistent with the WHO surveillance definition of COVID-19 as of 27 February 2020 and may change depending on evolving information on transmission patterns and pathogenicity of the virus.

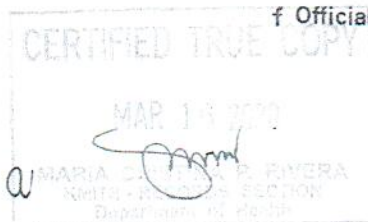
**CONFIRMED case - A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

*** PROPER PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Well-fitting N95 mask (fit-tested)
2. Eye protection (goggles or face shield)
3. Impermeable gown
4. Surgical gloves

The reader is referred to the Guidelines on Infection Control for COVID-19.

COVID-19 - CoronaVirus Disease 2019; PPE - personal protective equipment; RESU - Regional Epidemiology and Surveillance Unit; CIF - Case Investigation Form; NPS - Nasopharyngeal swab; OPS - oropharyngeal swab; VTM - viral transport medium; UTM - universal transport medium



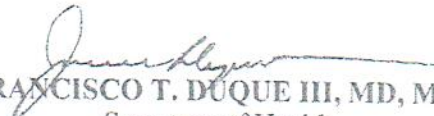
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As thus amended, all other provisions stipulated under Department Memorandum No. 2020-0108 dated March 11, 2020 not affected by this Order shall remain in full force and in effect.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 11, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0108

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES;
DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH
DEVELOPMENT; MINISTER OF HEALTH - BANGSAMORO
AUTONOMOUS REGION IN MUSLIM MINDANAO;
EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND
NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL
CENTERS, HOSPITALS, SANITARIA AND INSTITUTES;
PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE
CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL
AIDS COUNCIL AND TREATMENT AND REHABILITATION
CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Guidelines for Management of Patients with Possible and Confirmed
COVID-19

I. BACKGROUND AND RATIONALE

After a cluster of pneumonia cases of unknown etiology was reported in Wuhan City, Hubei Province of China last December 31, 2019, Chinese health authorities preliminarily identified the cause of this viral pneumonia as a new or novel type of coronavirus (2019-nCoV).

With an increasing number of cases spreading to various territories and confirmed human-to-human transmission, the World Health Organization declared the outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020.

In view of the confirmation of the local case of COVID-19, the Department of Health (DOH), in collaboration with the Philippine Society for Microbiology and Infectious Disease (PISMID) hereby issues the following algorithms to guide frontline quarantine officers and healthcare providers in the identification and management of Patients Under Investigation (PUIs) and confirmed COVID-19 patients. These algorithms repeal all previous issuances on Decision Tool for COVID-19 infection.

II. IMPLEMENTING GUIDELINES

A. Algorithm for Triage of Travellers with Possible Coronavirus Disease-2019 (COVID-19) Infection in PORTS OF ENTRY

1. Defining Persons Under Investigation (PUIs) & Persons Under Monitoring

Annex A illustrates the algorithm for the triage of patients with possible COVID-19 infection in ports of entry (as of March 11, 2020).

2. Roles & Responsibilities

- a. For PUIs identified at Ports of Entry, Bureau of Quarantine (BOQ) shall
 - i. Isolate PUI
 - ii. Give face mask
 - iii. Collect and evaluate the BOQ Health Declaration Checklist (Annex B)
 - iv. Assess PUI for severity of symptoms, age, and co-morbidities
 1. For PUIs with mild symptoms, no co-morbidities and/or non-elderly, refer to item no. 2.
 2. For PUIs with mild symptoms, elderly and/or with co-morbidities
 - a. Collect swab (NPS OPS)
 - b. Fill Case Investigation Form and submit this together with specimen to RITM
 - c. Transport PUI to Level 2/Level 3 hospital
 - v. Give DOH Coronavirus Disease 2019 (COVID-19) Emergency Operation Center (EOC) list of PUIs
- b. For PUIs with mild symptoms, no co-morbidities and/or non-elderly and PUMs identified at Ports of Entry:
 - i. BOQ shall
 1. Collect and evaluate the signed BOQ Health Declaration Checklist (Annex B) at points of entry.
 2. Fill Case Investigation Form and submit to Regional Epidemiologic Surveillance Unit for PUIs with mild symptoms, no co-morbidities and/or non-elderly
 3. Advise the person to go on home quarantine for 14 days (Annex C).
 4. Provide the list of PUIs and PUMs to DILG, DOH COVID-19 Emergency Operation Center and concerned Center for Health Development by 6AM and 6PM of every day
 - ii. Dept. of Interior Local Government shall
 1. Provide the list PUMs to the concerned DILG regional office which in turn will provide the segregated list to the city or municipal local chief executive.
 - iii. Center for Health Development shall
 1. Notify local health office (Provincial Health Office & City Health Office/Municipal Health Office) of the PUIs and PUMs profile, status and location of PUIs and PUMs
 - iv. Provincial Health Office & City Health Office/Municipal Health Office shall
 1. Provide a plan for self-monitoring instructions and notification if symptoms develop
 2. Mobilize the local health workers and Barangay Health Emergency Response Teams to monitor on a daily basis the condition of the PUIs and PUMs respectively over the course of the home quarantine period
 3. Mobilize Barangay Tanod and/or uniformed personnel as may be needed to enforce home quarantine
 4. Issue certificate of completion of 14-day home quarantine (Annex D).
 5. Report back to the Center for Health Development on the status of PUIs and PUMs

B. Algorithm for Triage of Patients with Possible Coronavirus Disease-2019 (COVID-19) Infection in HEALTHCARE FACILITIES

1. Defining Persons Under Investigation (PUIs) & Persons Under Monitoring

Annex E illustrates the algorithm for the triage of patients with possible COVID-19 infection in healthcare facilities (as of March 11, 2020).

2. Roles & Responsibilities of Health Care Providers

- a. Hospitals shall download and completely fill Case Investigation Forms.
- b. Hospitals shall keep one copy of the CIE, transmit one copy along with the specimen, and email the Research Institute for Tropical Medicine (RITM) or applicable subnational laboratory and the regional epidemiology surveillance unit simultaneously.
- c. Hospitals shall ensure that all health practitioners follow DOH guidelines in clinical management.

C. Interim Guidelines on the Clinical Management of Coronavirus Disease 2019 (COVID-19)

1. Triage of Patients with Respiratory Symptoms

- a. Patients with respiratory symptoms are encouraged to contact the DOH hotline for phone-based triaging.
- b. Patients shall be referred to health center if symptoms are mild, and to a Level 2 or Level 3 hospital if severe.

2. Management of PUIs and Confirmed Cases of COVID-19

- a. All health facilities shall ensure that PUIs are assessed, tested, managed, and referred accordingly.
 - i. If PUI has mild symptoms with no comorbidities, and/or non-elderly, health facilities shall obtain specimens, advise them to be sent home for strict self-isolation and close monitoring by local health authorities for 14 days.
 1. If symptoms persist or worsen, patient should be referred to the nearest Level 2 or Level 3 hospital
 - ii. If PUI has severe or critical symptoms, refer them to nearest Level 2 or Level 3 hospital for admission.
- b. PUIs shall be tested using respiratory specimens for COVID-19 real-time PCR testing. Serological testing may be done in selected centers. If with limitations of testing kits, prioritize collection of specimens among high-risk patients.
 - i. All samples should be sent to RITM-accredited testing laboratories.
 - ii. All samples should be accompanied by completely filled Case Investigation Forms.
- c. For mild PUIs who are elderly (60 years old and above) or with co-morbidities who require admission, admit to isolation rooms. Considering the nature of the pathogen, regular rooms may be converted to isolation rooms.
- d. For severe or critical PUIs, admit to ICU with appropriate infection prevention and control protocols.
- e. All health care providers shall refer to clinical practice guidelines published by the Philippine Society for Microbiology and Infectious Diseases.

3. Recommendations for repeat testing for COVID-19


a. Repeat testing after an initial negative COVID-19 test

Repeat testing for patients with an initial negative COVID-19 test result shall be performed ONLY if there is a high index for suspicion for COVID-19 infection despite an initial negative test result. Such conditions include, but are not limited, to the following:

1. Clinical deterioration in the presence of an established disease etiology and with adequate treatment. A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection. Repeat sampling and testing, preferably of lower respiratory specimen, is strongly recommended in severe or progressive disease. Consider a possible co-infection with COVID-19.
2. Clinical specimen(s) initially sent was/were deemed to be unsatisfactory or insufficient (e.g. delay in transport and processing).

4. Criteria for discharge

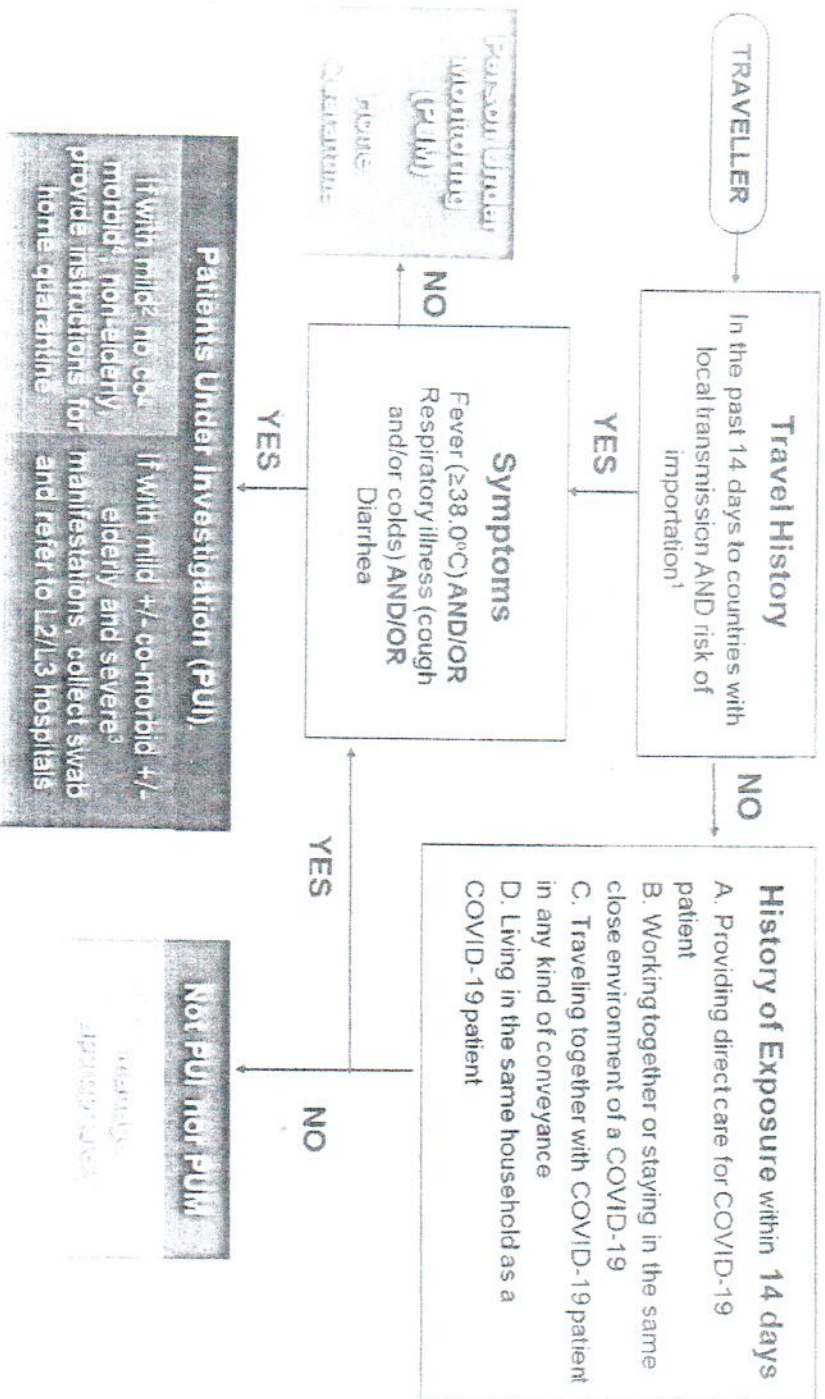
- a. Admitted PUIs with negative COVID-19 test can be discharged as clinically appropriate.
- b. Criteria for discharge of patients with confirmed COVID-19
 1. Patients who have clinically recovered (with resolution of symptoms) may be discharged from the hospital and advised monitored self-isolation for 14 days.
 2. Repeat testing after a positive COVID-19 test is not needed as a criteria for discharge.
 3. The attending health care provider shall provide advise and refer to local health authority for monitored self-isolation
 4. Local health authority shall monitor discharged patient and ensure that repeat testing is carried out after 14 days.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

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ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN PORTS OF ENTRY (as of 1st March 2020)



¹To be evaluated weekly by the ASEAN Biodiversity Virtual Center. Separate advisory will be issued every Wednesday to determine countries to be included.

²Mild manifestations include: fever, dry cough, fatigue, sputum production, sore throat, headache, myalgia or arthralgia, chills, nausea or vomiting, nasal congestion, diarrhea.

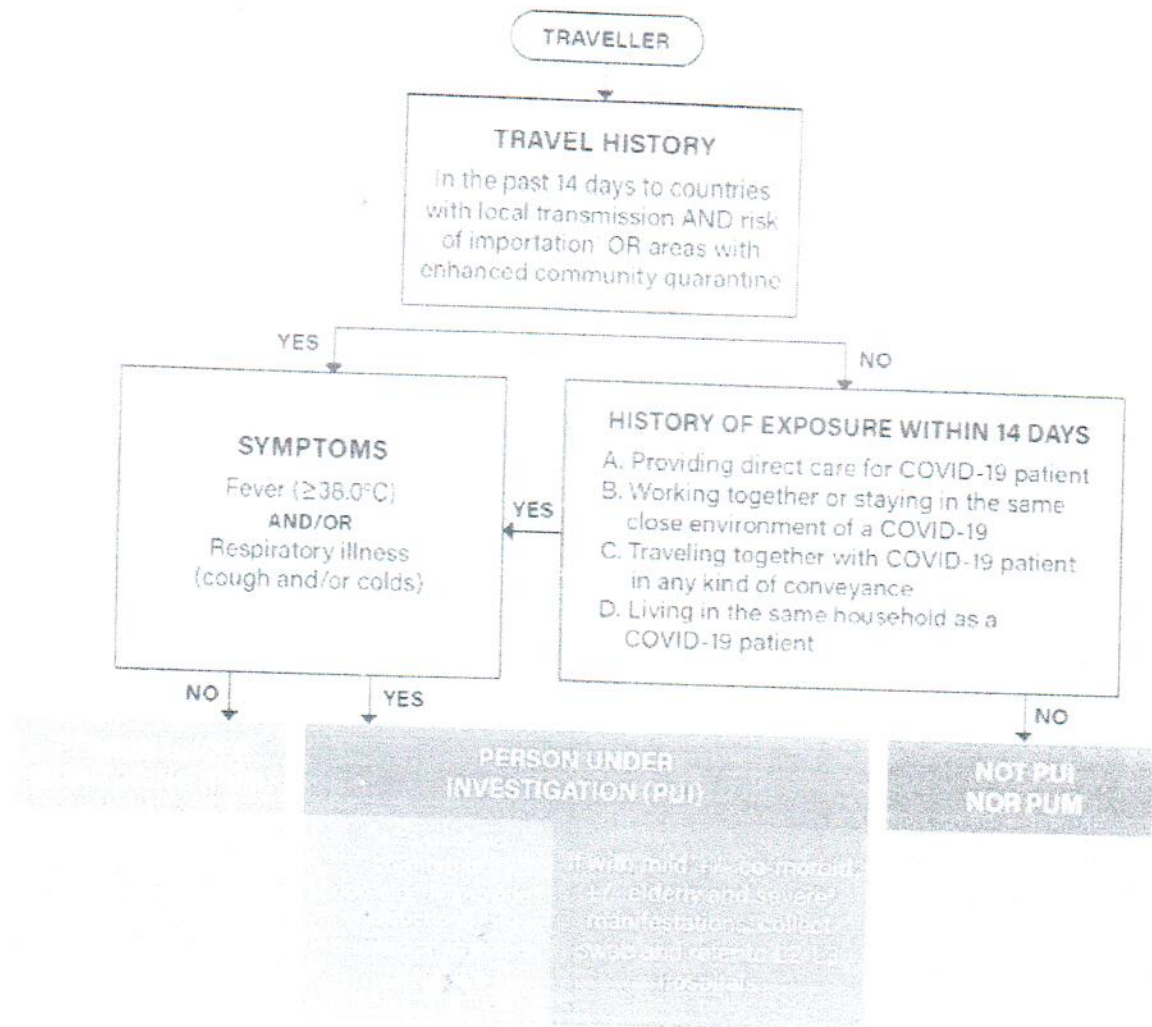
³Severe manifestations include difficulty of breathing and/or respiratory rate >30/minute.

⁴Persons with underlying medical problems including cardiovascular disease, diabetes, chronic lung disease and immunosuppression.



ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 IN PORTS OF ENTRY

MARCH 16, 2020 EDITION



- 1 To be evaluated weekly by the ASEAN Biodiaspora Virtual Center. Separate advisory will be issued every Wednesday to determine countries to be included.
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- 4 Persons with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression

Annex B. Health Declaration Checklist

HEALTH DECLARATION CHECKLIST											
A separate Health Declaration Card must be completed for each passenger, including children.											
<ul style="list-style-type: none"> • Please answer in ENGLISH and print in capital letters like "PHILIPPINES" in each box provided. • Mark your answer like this "✓" in the answer box [] 											
-Your full cooperation is EXPECTED-											
Passport No.											
Family Name											
First Name											
Middle Name											
Nationality											
Sex	[]	Male	[]	Female							
Birthdate (mm-dd-yyyy)											
Date Arrived (mm-dd-yyyy)											
	[]	Passenger	[]	Crew							
Flight No.										Seat No.	
Name of Hotel or Philippine Address											
Philippine Mobile No.	(+63)										
Country(ies) worked, visited and transited in the <u>last 30 days</u> :											
Have you been sick in the <u>past 30 days</u> ? [] Yes [] No											
DECLARATION:											
The information I have given is true, correct and complete. I understand failure to answer any question may have serious consequences.											
(Article 171 and 172 of the Revised Penal Code of the Philippines)											
											Signature of Passenger / Crew

Annex D: Quarantine Clearance



QUARANTINE CLEARANCE

TO WHOM IT MAY CONCERN:

This is to CERTIFY that _____ who came
(Name)
from _____ had undergone the mandatory 14-day home
quarantine which started from _____ to _____
at _____
(Home Address)

It is further certified that _____ did
not develop signs and symptoms of COVID-19 within the said period.

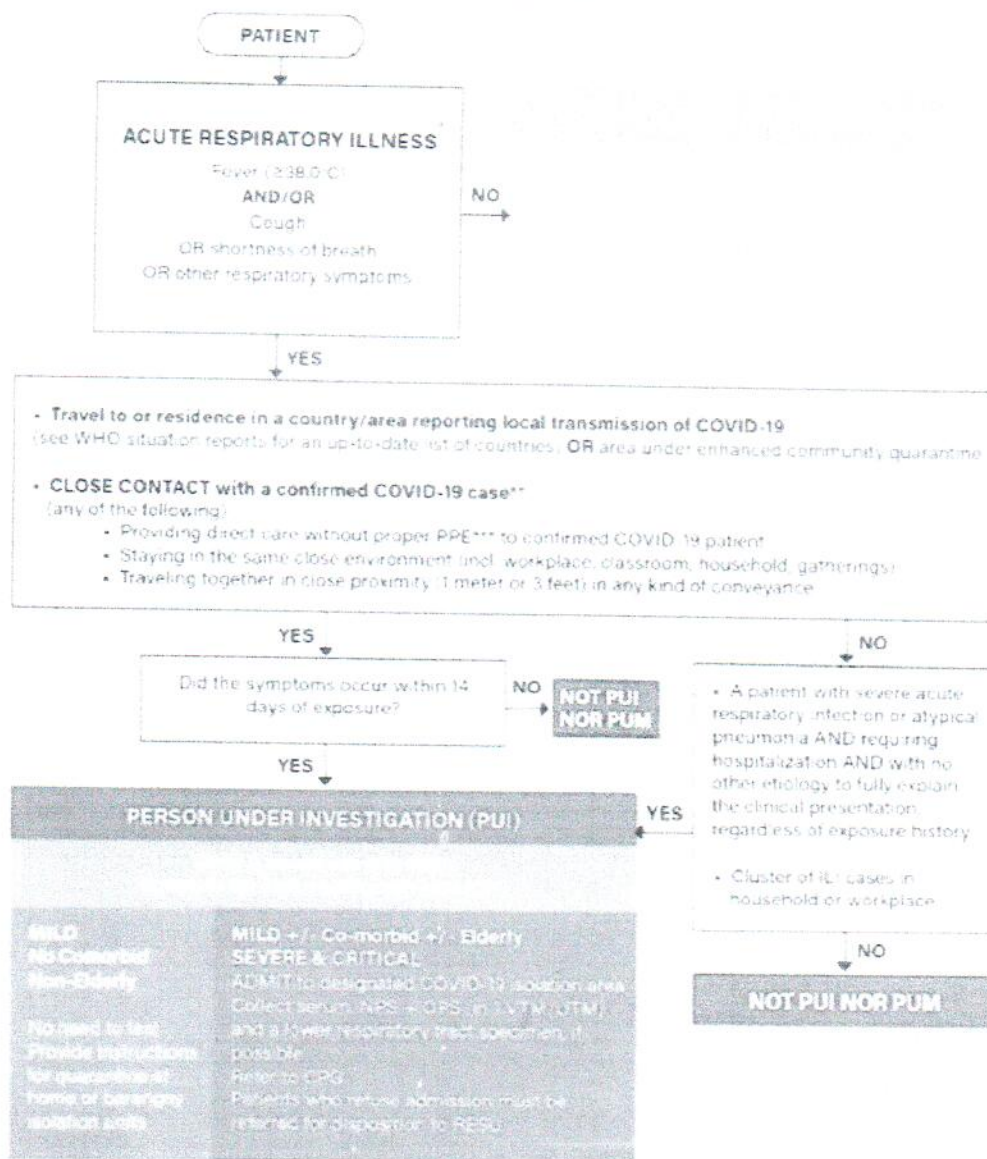
Issued on _____ for whatever purpose it may serve best.

(Local Health Officer Printed Name with Signature/ Date)



ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN HEALTH CARE FACILITIES

MARCH 16, 2020 EDITION



This algorithm is consistent with the WHO surveillance definition of COVID-19 as of 27 February 2020 and may change depending on evolving information on transmission patterns and pathogenicity of the virus.

**CONFIRMED case – A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

*** PROPER PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Well-fitting N95 mask (fit-tested)
2. Eye protection (goggles or face shield)
3. Impermeable gown
4. Surgical gloves

The reader is referred to the Guidelines on Infection Control for COVID-19

COVID-19 – Coronavirus Disease 2019; PPE – personal protective equipment; RESU – Regional Epidemiology and Surveillance Unit; CPG – Case Investigation Form; NPS – Nasopharyngeal swab; OPS – oropharyngeal swab; VTM – viral transport medium; UTM – universal transport medium