



Republic of the Philippines
Department of Health
EASTERN VISAYAS
CENTER FOR HEALTH DEVELOPMENT
Government Center, Candahug Palo, Leyte



=====

MEMORANDUM No. 024 s. 2020:

TO: ALL DIVISION/SECTION/UNIT AND DMO V

FROM: 
MINERVA P. MOLON, MD, MPH, FPPA, CESO III
Director IV

DATE: March 16, 2020

SUBJECT: Adoption of Department Memorandum No. 0108 dated March 11, 2010, re: Guidelines for Management of patients with Possible and Confirmed COVID-19.

=====

With an increasing number of cases of COVID-19, spreading to various territories and confirmed human-to-human transmission, the World Health Organization (WHO) declared the outbreak as Global Pandemic.

In view of the contamination of the local case of COVID-19, this office, 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.

All concerned personnel and offices are enjoined to refer to Department Memorandum No. 0108 dated March 11, 2010, **re: Guidelines for Management of patients with Possible and Confirmed COVID-19.**

Please be guided accordingly.



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

CERTIFIED TRUE COPY

MAR 12 2020

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 CIF, 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.

CERTIFIED TRUE COPY

MAR 12 2020

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:

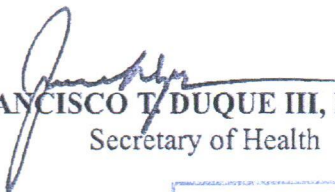
1. Clinical deterioration in the presence of an established disease etiology and with adequate treatment. A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection. Repeat sampling and testing, preferably of lower respiratory specimen, 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).

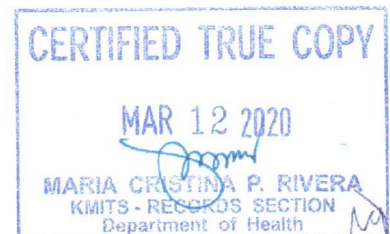
4. Criteria for discharge

a. Admitted PUIs with negative COVID-19 test can be discharged as clinically appropriate.

b. Criteria for discharge of patients with confirmed COVID-19

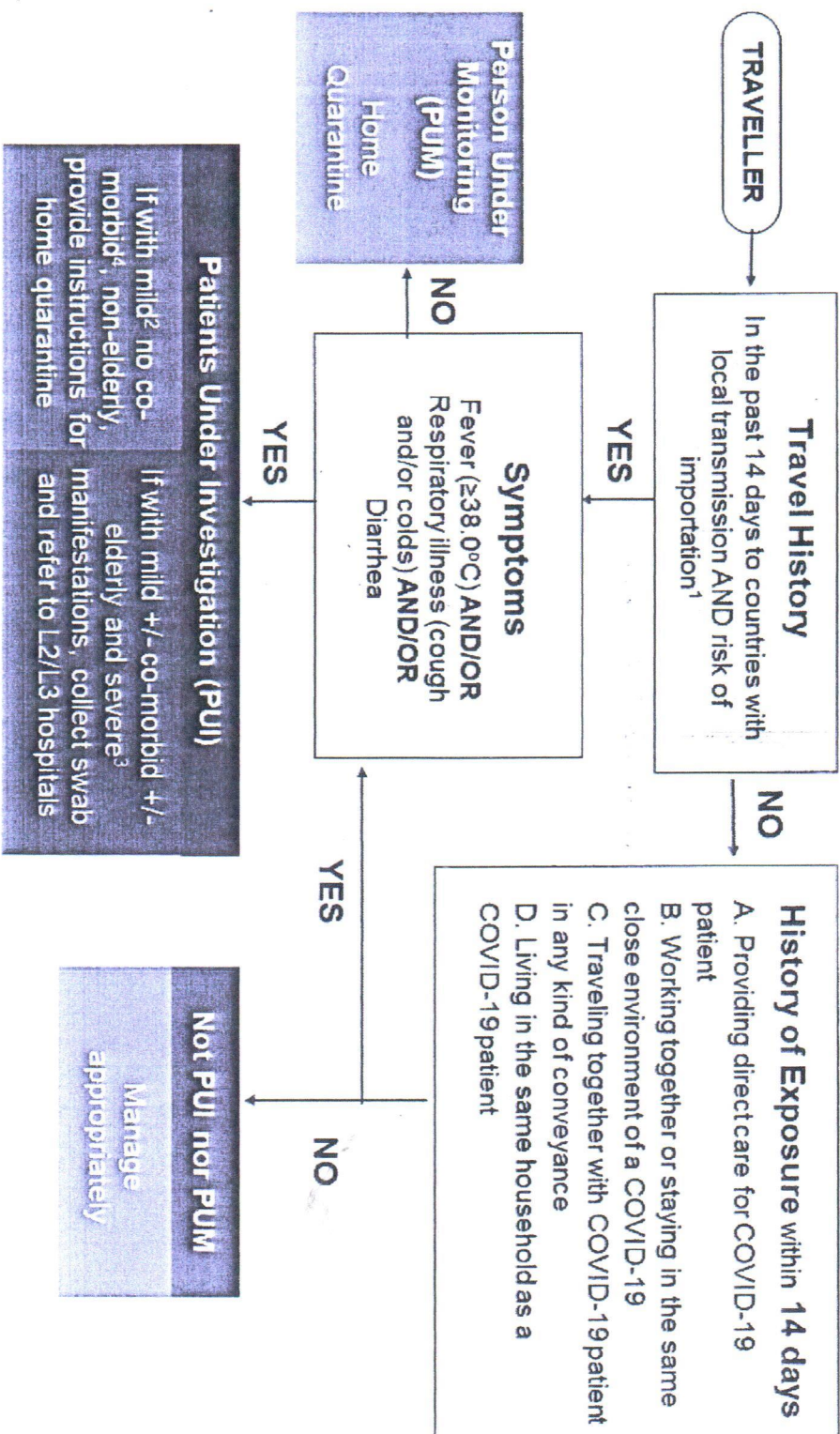
1. Patients who have clinically recovered (with resolution of symptoms) may be discharged from the hospital and advised monitored self-isolation for 14 days.
2. Repeat testing after a positive COVID-19 test is not needed as a criteria for discharge.
3. The attending health care provider shall provide 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





ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN PORTS OF ENTRY (as of 11 March 2020)



¹To be evaluated weekly by the ASEAN Biodiastora 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

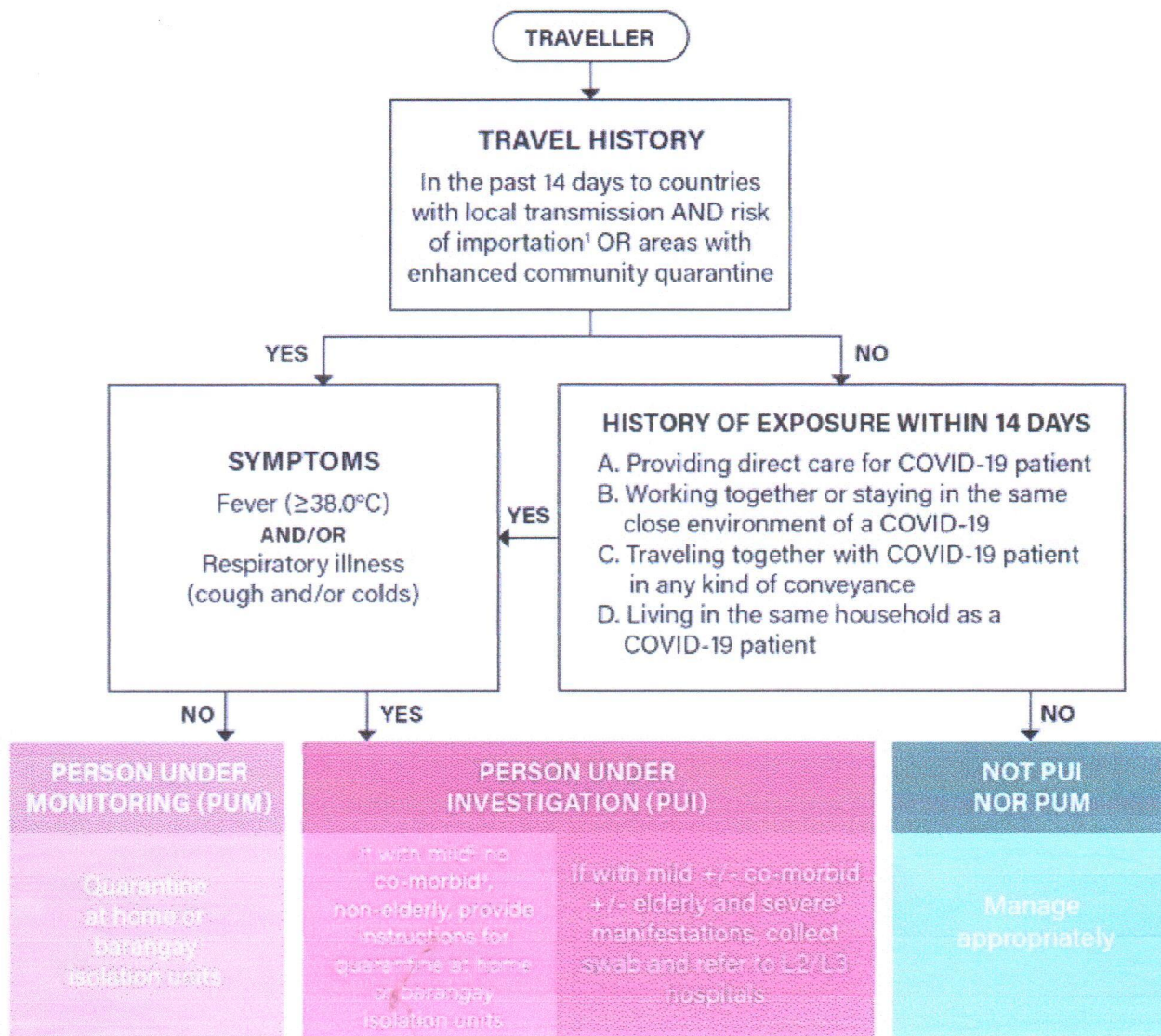
⁴Persons with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression



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

FOR USE BY:
QUARANTINE
OFFICERS

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.

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 $\geq 30/\text{minute}$

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

f OfficialDOHgov

🐦 @DOHgovph

🌐 doh.gov.ph

☎ 8-651-7800 local 1149/1150

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.																								
Name of Hotel or Philippine Address	(Street No. and Name of Street)																							
	(Municipality/City)																							
	(Province)																							
	(Region)																							
Philippine Mobile No.											(+63)													
Country(ies) worked, visited and transited in the last 30 days :																								
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>																								
Have you been sick in the past 30 days ? [] Yes [] No																								
DECLARATION: The information I have given is true, correct and complete. I understand failure to answer any question may have serious consequences. <i>(Article 171 and 172 of the Revised Penal Code of the Philippine)</i>																								
																								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 HEALTHCARE FACILITIES (as of March 11, 2020)



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

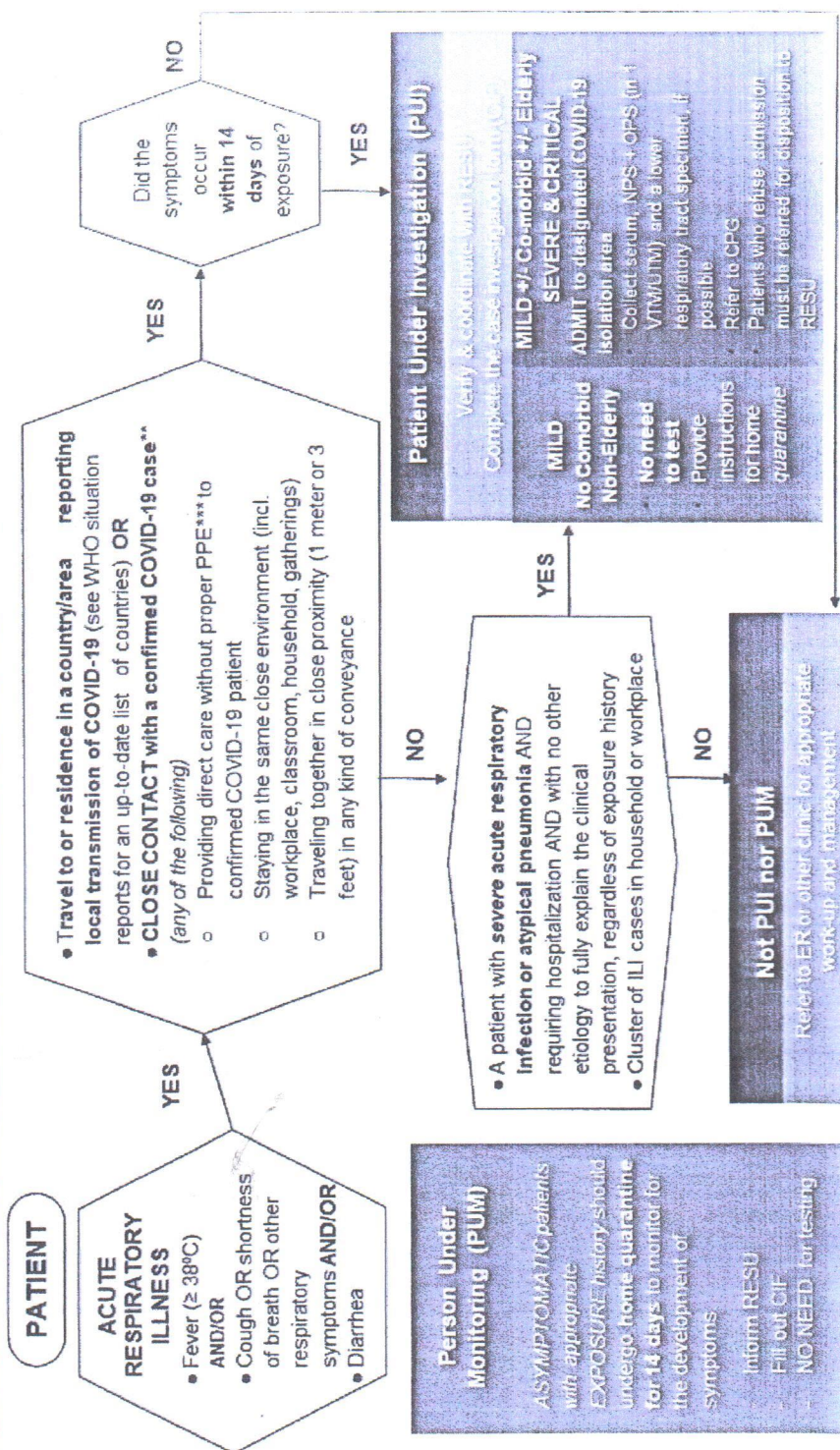
PROPER PERSONAL

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

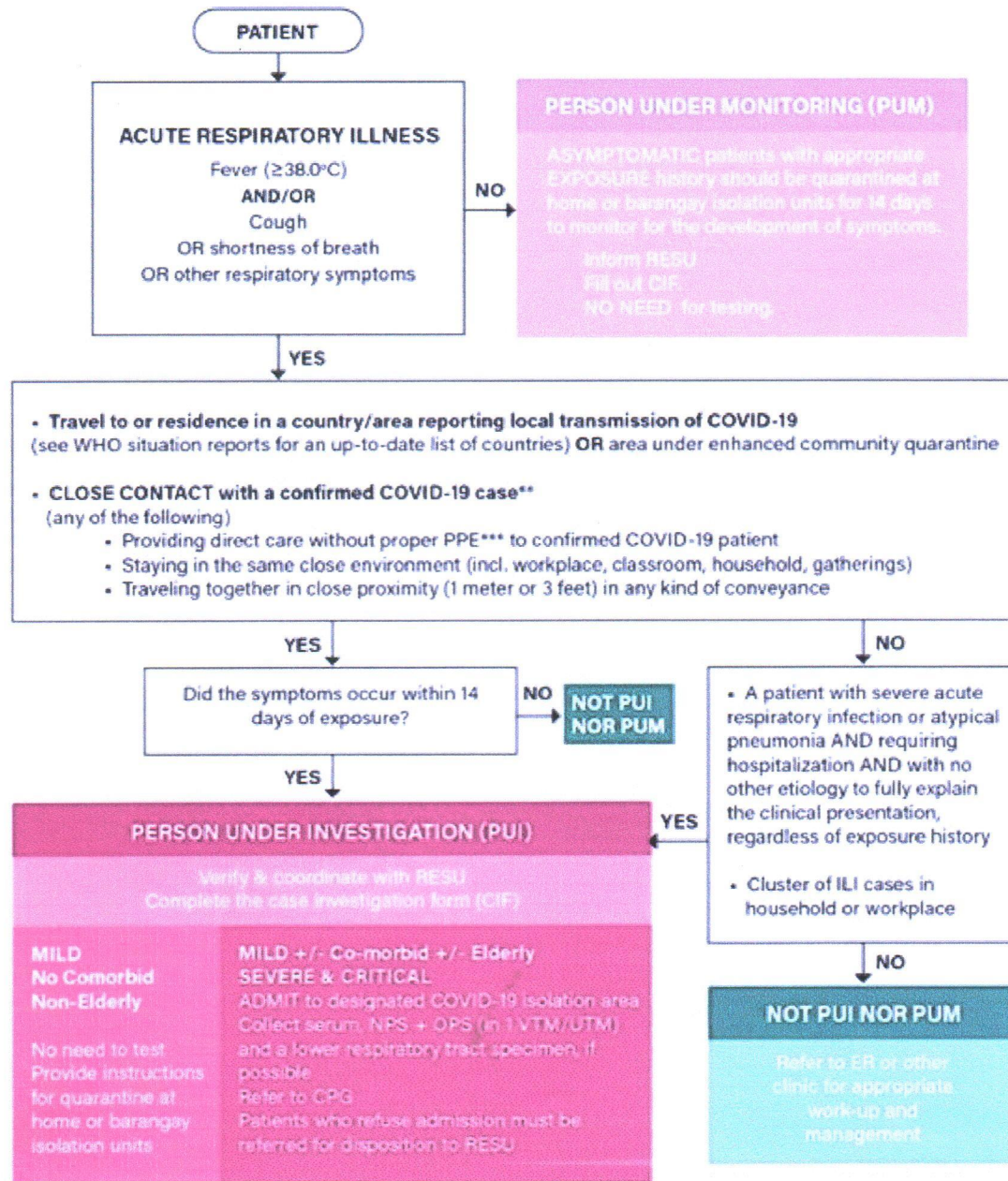




ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION IN HEALTH CARE FACILITIES

FOR USE BY:
HEALTH CARE
PROVIDERS

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; CIF – Case Investigation Form; NPS – Nasopharyngeal swab; OPS – oropharyngeal swab; VTM – viral transport medium; UTM – universal transport medium