Effectivity Date	08/05/202
Revision No.	01

Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF BIÑAN CITY

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DIVISION MEMORANDUM
No. 005 , s. 2022

DEPARTMENT OF HEALTH CIRCULAR ON COVID-19 PROTOCOLS FOR QUARANTINE AND ISOLATION

To : Assistant Schools Division Superintendent
Chief, School Governance and Operations Division
Chief, Curriculum Implementation Division
All School Heads

1. Pursuant to **Regional Task Force Memorandum no. 5 s. 2022**, this Office through School Health Section of the School Governance and Operations Division informs all personnel relative to the COVID-19 protocols for quarantine and isolation.

2. To reiterate, home quarantine and isolation is allowed for the management of probable and confirmed COVID-19 cases with no symptoms, mild symptoms, or moderate symptoms, and for step down management of COVID-19 cases from hospitals who are recovering and presenting with mild or no symptoms but shall need to finish the indicated isolation period.

3. Enclosed is the specific requirements for home isolation and quarantine according to Department of Health.

4. Immediate dissemination of this Memorandum is desired.

EDNA FAURA-AGUSTIN
Schools Division Superintendent

Encl: As stated
Reference: RTF MEMORANDUM NO. 05 s. 2022

SGOD/SH / DEPARTMENT OF HEALTH CIRCULAR ON COVID-19 PROTOCOLS FOR QUARANTINE AND ISOLATION
0108 / 01/12/2022

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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

6 January 2022

DEPARTMENT CIRCULAR
No. 2022-0002

FOR : **ALL UNDERSECRETARIES; ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, CENTERS FOR HEALTH DEVELOPMENT AND SERVICES; 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 OTHERS CONCERNED**

SUBJECT : **Advisory on COVID-19 Protocols for Quarantine and Isolation**

As the country faces another threat due to the continuous increase in COVID-19 cases and the new Omicron variant, proper protocols for quarantine and isolation are needed to avoid overwhelming numbers of patients in the health facilities and hospitals.

A. Reiteration of Home Quarantine and Isolation Guidelines

1. Home quarantine and isolation is allowed for the following:
    a. Management of probable and confirmed COVID-19 cases with no symptoms, mild symptoms, or moderate symptoms
    b. Step-down management of COVID-19 cases from hospitals who are recovering and presenting with mild or no symptoms but shall need to finish the indicated isolation period.

2. Minimum infrastructure requirements for home isolation and quarantine include availability of a dedicated room and toilet for the individual, and oversight of a health care provider or local government unit. Specific requirements stated in DOH-DILG Joint Administrative Order 2020-0001 and 2020-0001-A can be found in Annex A.

B. Prioritization Criteria for Facility Isolation in Instances of Supply Scarcity

Should there be scarcity of beds in designated Isolation Facilities, prioritize the individuals in the following order:

1. Probable or confirmed COVID-19 cases belonging to Priority Group A2 or senior citizens, and A3 or persons with comorbidities who cannot meet home isolation requirements
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

2. Probable or confirmed COVID-19 cases not belonging to Priority Group A2 or A3 who cannot meet home isolation requirements
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

3. Probable or confirmed COVID-19 cases belonging to Priority Group A2 or senior citizens, and A3 or persons with comorbidities who have capacity to isolate at home
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

4. Probable or confirmed COVID-19 cases not belonging to Priority Group A2 or A3 who have capacity to isolate at home
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

C. Prioritization Criteria for Testing in Instances of Supply Scarcity

Should there be scarcity of testing, prioritize the individuals in the following order:

1. Close contacts belonging to Priority Group A2 or senior citizens, and A3 or persons with comorbidities who cannot facilitate testing by themselves or employers
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

2. Close contacts other than Priority Group A2 or senior citizens, and A3 or persons with comorbidities who cannot facilitate testing by their employer or by themselves
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

3. Close contacts belonging to Priority Group A2 or senior citizens, and A3 or persons with comorbidities who can facilitate testing by themselves or employers
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

4. Close contacts other than Priority Group A2 or senior citizens, and A3 or persons with comorbidities who can facilitate testing by their employer or by themselves
    a. Unvaccinated
    b. Partially vaccinated
    c. Fully vaccinated

Note that unvaccinated individuals are always at higher risk for severe disease and must be prioritized for testing.

Centers for Health Development and Local Government Units shall also implement strategies to prioritize access to testing for indigent households and areas with clustering of cases.

D. Reiteration of Quarantine and Isolation Period for the General Public

1. Quarantine period for close contacts and travelers
   a. 7 days for fully vaccinated individuals
   b. 14 days for partially vaccinated or unvaccinated individuals

2. Isolation period for symptomatic and positive cases regardless of vaccination status
   a. 10 days for asymptomatic/ mild/ moderate, at the minimum, or as determined by attending physician
   b. 21 days for severe/ critical or as determined by attending physician

E. Amended Quarantine and Isolation Period for Health Care Workers as Contingency Measure for Sustaining Health Care Capacity

DOH Department Circular 2021-0375 *"Reiteration of Functions of Infection Control Committee in Health Facilities and Modification of Staffing Patterns and Further Clarification of the Shortening of Quarantine for the Healthcare Workers"*, is amended such that:

FROM	**TO**
"Hospital infection prevention and control committees are authorized to implement shortened quarantine protocols for their fully vaccinated healthcare workers consistent with health care capacity needs and individualized risk assessment"	"Hospital infection prevention and control committees **(IPCC)** are authorized to implement shortened quarantine protocols for their fully vaccinated healthcare workers **who are close contacts** consistent with health care capacity needs and individualized risk assessment. **In extreme circumstances of manpower shortage and upon weighing risks and benefits, hospital IPCC are also authorized to implement shortened isolation period for fully vaccinated healthcare workers with confirmed COVID-19 up to 5 days from date of test or symptom onset following the CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.** **Provincial health officers, in coordination with their provincial hospital infection prevention and control committees, are likewise given authorization to shorten quarantine and isolation periods for critical**

	healthcare workers for COVID-19 response such as swabbers and vaccinators."

Dissemination of the information to all concerned is requested.

By authority of the Secretary of Health

Digitally signed by Vergeire Maria Rosario Singh
Date: 2022.01.06 17:39:23 +08'00'

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
Undersecretary of Health
Public Health Services Team

Annex A. Requirements for Home Isolation

I. Infrastructure
   A. Well-ventilated room
   B. Line for communication with family and health workers
   C. Utilities such as electricity, potable water, cooking source, etc.
   D. Solid waste and sewage disposal

II. Accomodations
   A. Ability to provide a separate bedroom for the patient, or separate bed with enough distance (>3 feet or 1 meter) so long as there are no vulnerable persons (e.g. immunocompromised, elderly) in the household
   B. Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the patient

III. Resource for Patient Care and Support
   A. Primary caregiver who will remain in the residence and who is 1) fully vaccinated, 2) not at high risk for complications, and 3) is educated on proper precautions
   B. Medications for pre-existing conditions as needed; family planning supplies as desired
   C. Digital thermometer, preferably one per patient, disinfected before and after use
   D. Meal preparation
   E. Masks, tissues, and other hygiene products
   F. Laundry
   G. Household cleaning products

IV. Personal Protective Equipment
   A. For the patient: surgical mask per day for each day of isolation
   B. For at least one caregiver, but preferably for the whole household: surgical mask per day for each day of isolation
   C. For disinfection: gown, head covering, gloves for disinfection

V. Home Monitoring Kit
   A. Vital signs recording mechanism
   B. Thermometer
   C. Pulse oximeter
   D. BP apparatus, if with history of hypertension
   E. Recommended meal plan or information materials on proper nutrition and access to basic necessities, including delivery services
   F. Psychosocial support materials or proposed activities during isolation
   G. Family health plan and instructions to caregivers
   H. Medicines to manage common symptoms of COVID-19

Common COVID-19 Symptoms	Medicines for Symptomatic Relief (Supportive Treatment Only)
Fever or chills	Antipyretic (e.g. Paracetamol)
Muscle or body aches	Analgesics/ Pain reliever (e.g. Paracetamol, Ibuprofen*)
Headache	
Cough	
Dry Cough	Antitussive/ Cough suppressants (e.g. Dextromethorphan, Butamirate citrate, Levodropropizine)
Productive Cough	Expectorant (e.g. Guaifenesin, Lagundi*) Mucolytic (e.g. N-acetylcysteine, Carbocisteine)
Nasal itching or sneezing	Antihistamines (e.g. first generation antihistamines such as Chlorpheniramine maleate; second generation antihistamines such as Cetirizine, Loratadine) *Note: Antihistamines may cause sleepiness*
Congested or runny nose	Saline nasal spray* Decongestants (e.g. Drugs containing Phenylephrine, Phenylpropanolamine) *Note: Use decongestants with caution in individuals with elevated blood pressure or hypertension*
Itchy throat	Antihistamines (e.g. first generation antihistamines such as Chlorpheniramine maleate; second generation antihistamines such as Cetirizine, Loratadine) *Note: Antihistamines may cause sleepiness*
Sore throat	Throat lozenges, Gargle and mouthwash* (e.g. Hexetidine, Povidone-Iodine gargle)
Nausea or vomiting	Antiemetics (e.g. Bismuth subsalicylate, Metoclopramide)
Diarrhea	Oral rehydration salts, Anti-diarrheals (e.g. Loperamide) *Note: Loperamide can be used by patients without fever or bloody stools*
Non-pharmacological supportive management • Provide adequate nutrition and appropriate rehydration • Provide psychosocial support and counsel patients about signs and symptoms of complications that should prompt urgent care	

**While not recommended by the PSMID COVID-19 Living CPG as adjunctive treatment for COVID-19, these drugs might be of benefit for symptomatic relief only.*

Drugs in the Management of COVID-19 Patients

Treatment For Mild-Moderate Non-Hospitalized COVID-19 Patients*

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status (Philippine FDA)	Link to COVID LCPG Evidence Review
mild to moderate, non-hospitalized COVID-19 patients with at least 1 risk factor** for progression to severe disease	Bamlanivimab-Etesevimab	With Compassionate Use Permit (CSP)	https://www.psmid.org/bamlanivimab-and-etesevimab-evidence-summary/
symptomatic, non-hospitalized patients with at least 1 risk factor*** for severe COVID-19	Casirivimab-imdevimab	With Emergency use Authorization (EUA)	https://www.psmid.org/casirivimab-imdevimab-evidence-summary-2/
non-hospitalized patients with mild to moderate COVID-19 infection with at least one risk factor**** for progression (within 5 days of symptom onset)	Molnupiravir	With EUA	Forthcoming

**Should be used with the supervision of a physician*

***age ≥65 years, body-mass index ≥35 kg/m2, cardiovascular disease (including hypertension), chronic lung disease (including asthma), chronic metabolic disease (including diabetes), chronic kidney disease (including receipt of dialysis), chronic liver disease, and immunocompromised conditions*

****Risk factors: age >50 years, obesity, cardiovascular disease (including hypertension), chronic lung disease (including asthma), chronic metabolic disease (including diabetes), chronic kidney disease (including receipt of dialysis), chronic liver disease, and immunocompromised conditions*

*****age >60 years, active cancer, chronic kidney disease, chronic obstructive pulmonary disease, obesity, serious heart conditions or diabetes mellitus*

Treatment For Moderate-Severe Hospitalized COVID-19 Patients*

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status (Philippine FDA)**	Link to COVID LCPG Evidence Review
patients with COVID-19 infection who have O2 saturation < 94% and/or requiring oxygen supplementation	remdesivir + dexamethasone	With Certificate of Product Registration (CPR)	https://www.psmid.org/remdesivir-evidence-summary/
hospitalized COVID-19 patients who	baricitinib in addition to	With CPR	https://www.psmid.org/baricitinib-e

require low-flow oxygen, high-flow oxygen, and non-invasive ventilation	remdesivir + dexamethasone		vidence-summary/
patients showing rapid respiratory deterioration and/or requiring high doses of oxygen (high-flow nasal cannula, noninvasive or invasive mechanical ventilation) and with elevated biomarkers of inflammation (CRP)	tocilizumab + systemic steroids	With CPR	https://www.psmid.org/tocilizumab-evidence-summary/
hospitalized patients with moderate, severe or critical COVID-19 disease unless there are any contraindications	standard dose prophylactic anticoagulation	With CPR	https://www.psmid.org/anticoagulation-evidence-summary/
patients with severe and critical COVID-19 (up to 10 days)	Dexamethasone (6 mg to 12 mg per day)	With CPR	Forthcoming

**Should be used with the supervision of a physician*

***Medicines with CPR are commercially available, while medicines with CSP are not for commercial distribution (Patients, Doctors, Specialized Institutions, Specialized Society, Hospitals, Importers of Pharmaceutical Products may avail by request from the Philippine FDA)*

Prophylaxis of Close Contacts of COVID-19 Patients*

Current Indication (based on COVID LCPG)	Medicine	Regulatory Status (Philippine FDA)***	Link to COVID LCPG Evidence Review
day 4 post-exposure prophylaxis for COVID-19 close contacts (*see definition in Annex B*), ages 12 years and above weighing at least 40 kilograms, who are at risk for severe disease or hospitalization**	subcutaneous use of casirivimab + imdevimab	With EUA	https://www.psmid.org/casirivimab-imdevimab-evidence-summary-3/

**Should be used with the supervision of a physician*

***This includes the following people: elderly; BMI>25; those with chronic diseases such hypertension, diabetes, and chronic kidney disease; those who are not expected to mount an adequate immune response to the vaccine due to immunosuppressive therapy or those in an immunocompromised state*

****EUA is an authorization issued for unregistered drugs and vaccines in a public health emergency. The EUA is not a CPR or a marketing authorization.*

Annex B. Definition of Terms

Close Contact	Refers to persons who experienced any one of the following exposures two (2) days before and fourteen (14) days after the onset of symptoms (during the 14-day prescribed quarantine period) of a suspect, probable, or confirmed case: a. Face-to-face contact with a probable or confirmed case within one (1) meter and for at least fifteen (15) minutes; b. Direct physical contact with a probable or confirmed case; c. Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment OR; d. Other situations as indicated by local risk assessment.
Suspect Case	Refers to: 1. **Suspect Criteria A** - refers to a person who meets the clinical AND epidemiological criteria: a. Clinical criteria: i. Acute onset of fever AND cough; OR ii. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhea, altered mental status AND b. Epidemiological Criteria: i. Residing or working in an area with a high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the fourteen (14) days prior to symptom onset; or ii. Residing or travel to an area with community transmission anytime within the fourteen (14) days prior to symptom onset; or iii. Working in any health care setting, including within health facilities or within the community; any time within the fourteen (14) days prior to symptom onset. 2. **Suspect Criteria B** - refers to a patient with Severe Acute Respiratory Illness (SARI): acute respiratory infection with history of fever or measured fever of ≥ 38C°; and cough; with onset within the last ten (10) days; and requires hospitalization). A person who meets the clinical AND epidemiological criteria: 3. **Suspect Criteria C** - refers to an asymptomatic person not meeting epidemiologic criteria with a POSITIVE SARS-CoV-2 Antigen-RDT
Probable Case	Refers to: 1. A patient who meets clinical criteria AND is a contact of a probable or confirmed case or linked to a COVID-19 cluster; or 2. A suspect case with chest imaging showing findings suggestive of COVID-19 disease; 3. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause; 4. Death, not otherwise explained, in an adult with respiratory distress preceding death; AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster.

Confirmed Case	Refers to any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-licensed COVID-19 testing laboratory; OR any suspect or probable COVID-19 cases, who tested positive using antigen tests in areas with outbreaks and/or in remote settings where RT-PCR is not immediately available; provided that the antigen tests satisfy the recommended minimum regulatory, technical and operational specifications set by the Health Technology Assessment Council

Mild COVID-19	• No pneumonia or desaturation
	• Acute onset of fever and cough or any three (3) or more of the following:
	  ○ Fever
	  ○ Cough
	  ○ Coryza
	  ○ Sore throat
	  ○ Diarrhea
	  ○ Anorexia/nausea/vomiting
	  ○ Loss of sense of smell or taste
	  ○ General weakness/body malaise/fatigue
	  ○ Headache
	  ○ Myalgia

Moderate COVID-19	a. With pneumonia* BUT no difficulty of breathing or shortness of breath, RR < 30 breaths/min, oxygen saturation# ≥ 94% at room air OR b. Without pneumonia but with risk factors for progression: elderly (60 years old and above) and/or with comorbidities **Pneumonia - evidence of lower respiratory disease during clinical assessment (e.g. cough, fever plus crackles) and/or imaging (CXR, ultrasound, CT scan)*
Severe COVID-19	With pneumonia* and ANY one of the following: • Signs of respiratory distress • Oxygen saturation# < 94% at room air • Respiratory rate of ≥30 breaths/minute • Requiring oxygen supplementation **Pneumonia - evidence of lower respiratory disease during clinical assessment (e.g. cough, fever plus crackles) and/or imaging (CXR, ultrasound, CT scan)*
Critical COVID-19	With pneumonia* and ANY of the following: • Impending respiratory failure requiring high flow oxygen, non-invasive or invasive ventilation • Acute respiratory distress syndrome • Sepsis or shock • Deteriorating sensorium • Multi-organ failure • Thrombosis

	**Pneumonia - evidence of lower respiratory disease during clinical assessment (e.g. cough, fever plus crackles) and/or imaging (CXR, ultrasound, CT scan)*
Quarantine	Refers to the separation and movement restrictions of people who were exposed to a contagious disease to see if they become sick.
Isolation	Refers to the separation of ill or infected persons from others to prevent the spread of infection or contamination.
Fully Vaccinated for COVID-19	Refers to an individual who has: 1. More than or equal to 2 weeks after having received the second dose in a 2-dose series, or 2. More than or equal to 2 weeks after having received a single-dose vaccine; and 3. The vaccines administered to the individual are included in any of the following: a. Emergency Use Authorization (EUA) List or Compassionate Special Permit (CSP) issued by the Philippine Food and Drug Administration; or b. Emergency Use Listing of the World Health Organization. Priority Group A3: Individuals with Comorbidities in immunocompromised state (ex: HIV, Active cancer or malignancy, Transplant recipients, Patients under immunosuppressives, and other Immunodeficiency states) are medically indicated and shall receive homologous or heterologous additional doses as part of the primary series based on the recommendation of their attending physician. As such, this group shall have an additional dose to be classified as a fully vaccinated individual.
Partially vaccinated	Refer/s to the individual given with one dose of a two-dose series only.