Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

September 13, 2022

DEPARTMENT MEMORANDUM
No. 2022- 0433

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH- BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED**

SUBJECT: **Updated Guidelines on the Minimum Public Health Standards for the Continued Safe Reopening of Institutions**

Administrative Order No. 2021-0043, otherwise known as "*Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions*" set the principles in addressing the public health concerns brought about by the COVID-19 disease following the Prevent, Detect, Isolate, Treat, Reintegrate, Vaccinate (PDITR+) strategy. This Order included regular updating of policies consistent with the directions set by the National Government, through the Interagency Task Force for Emerging and Infectious Diseases (IATF-EID), updated recommendations from the COVID-19 Living Recommendations, and the Department of Health (DOH) and its Expert Groups.

In ensuring responsiveness of national government policies, in recognition of the protective effect of vaccination, and in support of the continued safe reopening of institutions, these guidelines are being issued to reiterate the updated protocols for guidance of all relevant stakeholders.

A. UPDATE ON GENERAL GUIDELINES

Cognizant of the waning immunity provided by the primary series of COVID-19 vaccination, all eligible individuals are strongly recommended to keep up to date with vaccination, including primary series and boosters for their age group. This is especially emphasized for healthcare workers, senior citizens, immunocompromised adults, adults with comorbidities, frontline workers across all sectors, and all other individuals in high-risk community and work settings.

B. UPDATE ON THE PREVENT STRATEGY - Masking Protocols

Pursuant to the Office of the President Executive Order No. 03 s. 2022 entitled, "*Allowing Voluntary Wearing of Facemasks in Outdoor Settings and Reiterating the Continued Implementation of Minimum Public Health Standards during the State of Public Health*

Emergency Relative to the COVID-19 Pandemic", the public shall observe the following protocol for the use of face mask:

1. **Voluntary Wearing of Face Mask**

   a. Wearing of well-fitted face masks shall be voluntary in open spaces and non-crowded outdoor areas with good ventilation.

   b. Partially and unvaccinated individuals, high-risk individuals such as senior citizens and immunocompromised individuals are strongly encouraged to wear their well-fitted masks and continue to observe 1-meter physical distancing at all times.

2. **Mandatory Wearing of Face Mask**

   Face masks shall continue to be worn for indoor private and public establishments, including in public transportation by land, air, or sea, and in outdoor settings where physical distancing cannot be maintained.

C. UPDATE ON THE DETECT STRATEGY - Testing Protocols

1. **Testing for Clinical Management**

   a. All suspect and probable cases for COVID-19, especially A2 (senior citizens), A3 (individuals with comorbidities and the immunocompromised) and the high-risk population groups must undergo confirmatory testing prior to the start of any COVID-19 treatment regimen (e.g., as in Annex E and F). Rapid antigen tests shall be used for immediate management of symptomatic cases and when RT-PCR is not readily available. If rapid antigen test is negative, RT-PCR shall be used for confirmatory testing.

   b. All suspect and mild cases who are not at high risk for severe COVID-19 infection, or those that do not belong in the A1, A2, or A3 category, shall not require confirmatory COVID-19 testing for case management. They shall isolate immediately, preferably at home if requirements for home isolation are met (see Annex D), and monitor for progression of signs and symptoms guided by health care workers onsite or through teleconsult for appropriate management.

   c. In principle, testing of suspect cases and individuals with mild symptoms shall be optional. If testing shall be done, rapid antigen tests shall be used for symptomatic cases. If rapid antigen test is negative, RT-PCR shall be used for confirmatory testing.

   d. Testing of the asymptomatic close contacts who are not at high risk for severe disease regardless of vaccination status shall be optional. If testing will be done, use of RT-PCR shall remain the gold standard for COVID-19 testing.

2. **Testing for Surveillance**

a. Local and Regional Epidemiology and Surveillance Units (RESUs) shall check their case and health care metrics daily to determine which areas are at increasing risk. Identified areas shall be prioritized for active surveillance. A list of such areas shall be regularly provided by the RESUs to the Epidemiology Bureau.

b. Priority areas shall implement the following activities:

   i. Active case finding;

   ii. Increased RT-PCR testing in the region, especially targeting suspect cases and symptomatic close contacts;

   iii. Contact tracing, especially for cases confirmed to be positive for Variants of Concern or of Interest and sublineages under close monitoring; and

   iv. Sending of samples for whole genome sequencing (WGS) to meet the weekly quota of at least 75 samples per week in line with Department Memorandum (DM) No. 2021-0182 "Interim Guidelines for the Biosurveillance of SARS CoV-2 and Management of Cases of Variants of Concern".

c. RT-PCR testing shall be used for suspect cases and contacts detected for the purpose of public health surveillance.

d. Health care workers shall undergo regular COVID-19 testing in schedules determined by their Infection Prevention and Control Committees in accordance with DM No. 2022-0397 "Reiteration on the COVID-19 Testing of Public and Private Health Care Workers". Results of screening shall be used to determine functional bed capacity and planning. While rapid antigen testing may be used, RT-PCR may be used to:

   i. Confirm rapid antigen-negative results, and

   ii. Provide suitable samples from positive cases for WGS.

e. CHDs shall ensure submission compliance and monitoring of Disease Reporting Units (DRUs) and other health facilities, including those that perform facility-based rapid antigen testing.

D. UPDATE IN ISOLATION AND QUARANTINE STRATEGIES (Summary matrix is available in Annex A)

1. **Quarantine of asymptomatic close contacts**

   a. Asymptomatic close contacts of probable or confirmed cases who <u>have been vaccinated with at least primary series</u>, shall not be required to undergo quarantine.

   b. <u>Partially vaccinated or unvaccinated</u> asymptomatic close contacts of probable or confirmed cases, shall quarantine for <u>at least fourteen (14) days</u> from the date of the last exposure. Quarantine can be discontinued at the end of this period if they have remained asymptomatic during the whole period, regardless if testing has been done and resulted negative.

c. All asymptomatic close contacts shall not be required to test, however should symptoms develop, immediate isolation shall be required, regardless of test results. If testing is done, RT-PCR testing is preferred for asymptomatic individuals.

d. All asymptomatic close contacts shall conduct symptom monitoring for at least fourteen (14) days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, which include physical distancing, hand hygiene, cough etiquette, and wearing of masks, regardless of vaccination status.

e. All health facilities and local health offices shall follow the prescribed duration for isolation and quarantine. There shall be no testing for the purpose of ending isolation or quarantine earlier than the prescribed duration.

2. **Isolation of individuals with symptoms and suspect, probable, and confirmed cases**

a. All suspect, probable, and confirmed cases who are asymptomatic or present with mild symptoms, and who have been vaccinated with at least primary series, shall isolate for at least seven (7) days from the sample collection date or from onset of signs and symptoms, whichever is earlier. If symptoms develop within or after the prescribed period for the asymptomatic individual, they shall complete the required isolation period counting from the first day of documented symptom onset as the start. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

b. All suspect, probable, and confirmed cases who are asymptomatic or present with mild symptoms, and who are partially vaccinated or unvaccinated, shall isolate for at least ten (10) days from the sample collection date or from onset of signs and symptoms, whichever is earlier. If symptoms develop within or after the prescribed period for the asymptomatic individual, they shall complete the required isolation period counting from the first day of documented symptom onset as the start. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

c. All suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least ten (10) days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

d. All suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least twenty

one (21) days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

e. All symptomatic severely immunocompromised confirmed cases, as outlined below, shall be isolated for at least twenty one (21) days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:

   i. Individuals receiving active chemotherapy for cancer

   ii. Being within one (1) year out from receiving a hematopoietic stem cell or solid organ transplant

   iii. Untreated HIV infection with CD4 <200

   iv. Primary immunodeficiency

   v. Taking immunosuppressive medications (e.g. drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab)

   vi. Taking more than 20mg a day of prednisone for more than 14 days

   vii. Other conditions as determined by the attending physician

   In addition to the minimum isolation period of 21 days, patients should not have fever for at least twenty four (24) hours without the use of any antipyretic medications, and have improvement of respiratory signs and symptoms prior to discontinuation of isolation.

   Repeat RT-PCR testing shall also be recommended for this group upon completion of the recommended isolation period. If results turn out negative, they may be discharged from isolation. If results turn out positive, they shall be referred to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

3. Quarantine and isolation of Filipino and foreign nationals entering the Philippines shall comply with the travel protocols set in the latest IATF resolution, and other future issuances of DOH, Department of Transportation (DOTR), Department of Tourism (DOT), and the Department of Foreign Affairs (DFA) as deemed appropriate.

E. UPDATE IN TREATMENT STRATEGIES

Updated list of drugs for the treatment and management of COVID-19 can be found in the following annexes:

1. Annex E - Drugs in the Management of Adult Patients with COVID-19
2. Annex F - Drugs in the Management of Pediatric Patients with COVID-19
3. Annex G - Prophylaxis of Close Contacts of Patients with COVID-19

F. REPEALING CLAUSE

DOH DM 2022-0013 "Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant", DOH Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation" and other issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this DM shall remain valid and in effect. Succeeding issuances shall adopt future amendments from IATF policy and orders from the Office of the President. Clarificatory guidelines and policies may be issued by the Public Health Services Team as deemed appropriate.

For strict compliance.

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
Officer-in-Charge

Annex A: Updated Quarantine and Isolation Protocols

QUARANTINE		
Asymptomatic close contact*	At least with primary series	0 days
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure
ISOLATION		
Asymptomatic and mild disease	At least with primary series	7 days from the sample collection date or from onset of signs and symptoms, whichever is earlier + afebrile**
	Partially Vaccinated or Unvaccinated	10 days from the sample collection date or from onset of signs and symptoms, whichever is earlier + afebrile**
Moderate disease	Regardless of vaccination status	10 days from onset of signs and symptoms + afebrile**
Severe disease and immunocompromised***	Regardless of vaccination status	21 days from onset of signs and symptoms + afebrile**

* All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks, physical distancing, among others

**Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification shall not be required for safe reintegration into the community (including workplaces, schools, and other settings). Time based isolation is sufficient provided the affected individual remains asymptomatic.

***Immunocompromised includes (1) individuals receiving active chemotherapy for cancer; (2) Being within one year out from receiving a hematopoietic stem cell or solid organ transplant; (3) Untreated HIV infection with CD4 <200; (4) Primary Immunodeficiency; (5) Taking immunosuppressive medications (e.g. drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab); (6) Taking more than 20mg a day of prednisone for more than 14 days; (7) The degree of immunocompromise is determined by the health care provider, and preventive actions are adapted to each individual and situation. Repeat RT-PCR testing shall also be recommended for this group upon completion of the recommended isolation period. If results turn out negative, they may be discharged from isolation. If results turn out positive, they shall be referred to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

Annex B. Updated Testing Protocols

Who is being tested?	Why is testing being done?	Should you test?	Remarks
Those eligible for COVID-19 medications, especially A2 (senior citizens), A3 (individuals with comorbidities and immunocompromised), and at high risk for disease	For clinical management Confirming COVID-19 to know if investigational drugs can be given Recommended repeat testing of severely immunocompromised upon completion of isolation	YES	Antigen when symptomatic; RT-PCR as confirmatory if antigen negative
Asymptomatic close contact and not high risk	Confirming COVID-19 after exposure to positive case	OPTIONAL	Quarantine, except if vaccinated with at least primary series; RT-PCR test preferred or for active surveillance
Mild symptoms/ suspect case and not high risk	Confirming COVID-19 after onset of symptoms	OPTIONAL	Isolate immediately (Prefer home isolation and teleconsult) Antigen when symptomatic; RT-PCR as confirmatory if antigen negative or if for active surveillance

Annex C. Surveillance Testing

Who is being tested?	Why is testing being done?	Should you test?	Remarks
• **A1 or Health Care Workers**	Surveillance to plan for adequate health system capacity	YES	Antigen test when symptomatic RT-PCR to confirm negative test and to send for WGS
CHDs, LHOs/LESUs, Hospitals	National sampling for genomic surveillance	YES	RT-PCR necessary for Surveillance

WGS - whole genome sequencing

Annex D. Requirements for Home Isolation

A. Infrastructure
   1. Well-ventilated room
   2. Line for communication with family and health workers
   3. Utilities such as electricity, potable water, cooking source, etc.
   4. Solid waste and sewage disposal

B. Accomodations
   1. 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
   2. Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the patient

C. Resource for Patient Care and Support
   1. 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
   2. Medications for pre-existing conditions as needed; family planning supplies as desired
   3. Digital thermometer, preferably one per patient, disinfected before and after use
   4. Meal preparation
   5. Masks, tissues, and other hygiene products
   6. Laundry
   7. Household cleaning products

D. Personal Protective Equipment
   1. For the patient: surgical mask per day for each day of isolation
   2. For at least one caregiver, but preferably for the whole household: surgical mask per day for each day of isolation
   3. For disinfection: gown, head covering, gloves for disinfection

E. 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, to include proper wearing, removal, and disposal of PPE, instructions on disinfection, avoidance of all household members being unmasked when eating or drinking, and sharing of personal items for eating and hygiene.
   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.*

Annex E. Drugs in the Management of Adult Patients with COVID-19

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

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status as of July 2022 (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 with Conditional Marketing Authorization (CMA)+++	https://www.psmid.org/molnupiravir-evidence-summary/

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

***Risk factors: 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*

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

+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)

++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.

+++EUA with CMA is an authorization issued for unregistered drugs and vaccines in a public health emergency involving wholesale and retail of C19 drugs by FDA licensed establishments, provided strict compliance with post-authorization conditions and/or obligations is observed.

Treatment For Moderate-Severe COVID-19 in Hospitalized Adult Patients*

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status as of July 2022 (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 require low-flow oxygen, high-flow oxygen, and non-invasive ventilation	Baricitinib in addition to Remdesivir + Dexamethasone	With CPR	https://www.psmid.org/baricitinib-evidence-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	https://www.psmid.org/corticosteroids-evidence-summary/

**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)*

Annex F. Drugs in the Management of Pediatric Patients with COVID-19

Treatment For Mild COVID-19 in Children*

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status as of July 2022 (Philippine FDA)***	Link to COVID LCPG Evidence Review
Non-hospitalized children with COVID-19 infection with at least one (1) risk factor** for disease progression	Remdesivir	With CPR	https://www.psmid.org/remdesivir-evidence-summary-2/

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

***Risk factors: hypertension, cardiovascular or cerebrovascular disease, diabetes mellitus, obesity, immune compromise, chronic mild or moderate kidney disease, chronic liver disease, chronic lung disease, current cancer or sickle cell disease.*

****Medicines with CPR are commercially available; Remdesivir was granted CPR as Drug Products under Emergency Use (DEU) hence validity of the authorization shall depend on the provisions of FDA Circular No. 2020-012*

Treatment For Hospitalized Moderate to Severe COVID-19 in Children*

Recommended Indication (based on COVID LCPG)	Medicine	Regulatory Status as of July 2022 (Philippine FDA)**	Link to COVID LCPG Evidence Review
Patients with moderate to severe COVID-19 infection, particularly where there is evidence of systemic inflammation	Tocilizumab + Systemic Steroids	With CPR	https://www.psmid.org/tocilizumab-evidence-summary-2/
Hospitalized children with severe COVID-19 infection	Remdesivir	With CPR	https://www.psmid.org/remdesivir-evidence-summary-2/

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

***Medicines with CPR are commercially available; Remdesivir was granted CPR as Drug Products under Emergency Use (DEU) hence validity of the authorization shall depend on the provisions of FDA Circular No. 2020-012*

Annex G. Prophylaxis of Close Contacts of Patients with COVID-19*

Current Indication (based on COVID LCPG)	Medicine	Regulatory Status as of July 2022 (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.