



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 13, 2022

DEPARTMENT MEMORANDUM

No. 2022- 0501

FOR : **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; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; ALL DISEASE REPORTING UNITS; ALL LOCAL GOVERNMENT UNITS; ALL HOSPITAL FACILITIES; ALL LICENSED COVID-19 TESTING LABORATORIES; AND OTHERS CONCERNED**

SUBJECT : **Interim Revised Case Definitions for COVID-19**

I. RATIONALE

Administrative Order (A.O.) No. 2020-0012 entitled "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health" dated 17 March 2020 has first classified individuals into Person Under Monitoring (PUM), Patient Under Investigation (PUI), and a case of COVID-19.

Relative to this, on 9 April 2020, through A.O. No. 2020-0013 or the "Revised Administrative Order No. 2020-0012, 'Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the list of Notifiable Diseases for Mandatory Reporting to the Department of Health' dated March 17, 2020", a shift was made from classifying individuals as PUI, PUM, and a case of COVID-19 to using case definitions to classify cases into Suspect, Probable, and Confirmed COVID-19 cases. Further revision to the definitions was made through the issuance of AO No. 2020-0013-B on 25 November 2020.

Furthermore, the World Health Organization provided revised interim guidelines last 22 July 2022 describing changes to the surveillance case definitions for COVID-19.

This Department Memorandum is thus hereby issued to provide additional guidance to the sentinel sites, health facilities, other Disease Reporting Units (DRUs), and the regional and local Epidemiology and Surveillance Units (ESUs) on the updated case definitions of COVID-19 based on recent available knowledge and information.

II. COVID-19 SURVEILLANCE CASE DEFINITIONS

A. Suspect, Probable, and Confirmed Case

1. Suspect case

- a. A person who meets either clinical OR epidemiological criteria:

Clinical criteria:

1. Acute onset of fever AND cough (influenza-like illness); OR
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, either general weakness or fatigue, headache, myalgia, sore throat, coryza, dyspnea, nausea, diarrhea, anorexia.

OR

Epidemiological criteria:

1. Contact of a probable or confirmed case or linked to a COVID-19 cluster; OR
- b. A patient with suspect, probable, or confirmed severe acute respiratory illness (SARI) as defined in the Philippine Integrated Disease Surveillance and Response (PIDSRS) Manual of Procedures (can be accessed through: <https://tinyurl.com/PIDSRSmop>); OR
- c. A person:
- i. With neither clinical signs or symptoms NOR meeting epidemiologic criteria, AND
 - ii. With a positive professional use OR self-test SARS-CoV-2 rapid antigen test.

2. Probable case

- a. A person who meets BOTH clinical AND epidemiological criteria as stated above; OR
- b. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or linked to a COVID-19 cluster.

3. Confirmed case

- a. Any individual, regardless of presence or absence of clinical signs and symptoms OR epidemiological criteria, 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
- b. Any individual meeting suspect case criterion A or probable case criteria testing positive using rapid antigen tests in areas with outbreaks and/or in remote settings where reverse transcription-polymerase chain reaction (RT-PCR) is not immediately available; **provided that the antigen tests were done by a trained health professional AND satisfy the recommended minimum regulatory, technical, and operational specifications set by the Health Technology Assessment Council.** The list of Food and Drug Administration (FDA) certified, and Research

Institute for Tropical Medicine (RITM) validated antigen test kits can be accessed at: <https://tinyurl.com/AgTestKits>.

B. Cluster

A cluster is defined as a group of symptomatic individuals linked by time, geographic location, and common exposures, containing at least one RT-PCR-confirmed case OR at least two epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with positive professional use OR self-test rapid antigen test.

C. New Case

1. Following the recommendation of the Department of Health - Technical Advisory Group (TAG) and for purposes of current COVID-19 reporting, all confirmed COVID-19 cases are to be reported as a New Case.
2. Individuals previously reported as a case may be reported again as a New Case if said individuals had a previous positive specimen collection date with an interval of at least 90 days from the last positive specimen collection date.

D. Reinfection

1. Suspected reinfection case

COVID-19 case fulfilling probable or confirmed case definition, with a history of a confirmed or probable COVID-19 infection, with at least 90 days between date of onset of symptoms of both episodes.

2. Probable reinfection case

- a. Confirmed COVID-19 case with positive RT-PCR or professionally-administered rapid antigen testing results for both episodes occurring at least 90 days apart, based on the test sample collection date; OR
- b. Confirmed COVID-19 case with a history of previous positive test, where genomic evidence for the second episode is available and includes lineage that was not submitted to SARS-CoV-2 genomic databases at the time of first infection.

3. Confirmed reinfection case

Confirmed COVID-19 case having a previous positive test, with an interval of at least 90 days (≥ 90) between the test sample collection dates of both positive tests, where both previous and current positive tests are confirmed through whole genome sequencing to have different SARS-CoV-2 variants or sub-variants for both infections.

E. COVID-19 Death

- a. A death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death.

- b. A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions that are suspected of triggering a severe course of COVID-19, unless otherwise determined and documented by the attending physician.
- c. COVID-19 shall be recorded on the medical certificate of cause of death (MCCOD) for ALL deaths where the disease caused or is assumed to have caused or contributed to death.
- d. All such cases shall be tagged with the appropriate ICD-10 code (U07.1 for confirmed COVID-19, U07.2 for probable COVID-19) as the underlying cause of death.

III. COVID-19 CLINICAL CASE DEFINITIONS

A. Asymptomatic, Mild, Moderate, Severe, and Critical Case

The case definitions of the terminology stated in this section may be found in the living Clinical Practice Guidelines (CPGs) for COVID-19. These recommendations can be accessed at: <https://tinyurl.com/LivingCPGs>.

B. Primary vs. Incidental COVID

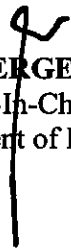
1. Primary COVID

Primary COVID-19 refers to confirmed cases admitted to any health facility with a clinical and/or final diagnosis of acute respiratory infection due to mild, moderate, severe, or critical COVID-19. All such cases shall be tagged with the appropriate ICD-10 code (U07.1 for confirmed COVID-19) as primary diagnosis.

2. Incidental COVID

Incidental SARS-CoV-2 or “not COVID-19 associated” hospitalizations refer to confirmed cases admitted to any health facility who do not fulfill epidemiological criteria and who were tested for SARS-CoV-2 testing due to a hospital testing policy. All such cases shall be tagged with the appropriate ICD-10 code (U07.1 for confirmed COVID-19) as secondary diagnosis.

For compliance and dissemination to all concerned.


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Annex A: References

World Health Organization. (2022, July 22). *Public health surveillance for COVID-19: interim guidance, 22 July 2022*. Retrieved from: <https://apps.who.int/iris/handle/10665/360580>

World Health Organization. (2020, April 20). *International guidelines for certification and classification (coding) of COVID-19 as a cause of death, 20 April 2020*. Retrieved from: https://cdn.who.int/media/docs/default-source/classification/icd/covid-19/guidelines-cause-of-death-covid-19-20200420-en.pdf?sfvrsn=35fdd864_2&download=true