Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

NOV 25 2020

ADMINISTRATIVE ORDER
No. 2020 - 0013-B

SUBJECT: **Further Amendment to Administrative Order No. 2020-0013 dated 09 April 2020 entitled, "Revised Administrative Order No. 2020-0012, 'Guidelines for the Implementation 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."**

The Administrative Order No. 2020-0013 dated 09 April 2020 entitled, "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" is further amended to correct the provisions as follows:

Provisions to be Amended	Amended to
VI. SPECIFIC GUIDELINES **A. COVID-19 Surveillance System** **2. Case Definition** **2.1. Suspect case -** is a person who is presenting with any of the conditions below: a. All SARI cases where NO other etiology fully explains the clinical presentation. b. ILI case with any one of the following: ii. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset OR iii. with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case became negative on repeat testing. c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms	**VI. SPECIFIC GUIDELINES** **A. COVID-19 Surveillance System** **2. Case Definition** **2.1. Suspect case** **a. A person who meets the clinical AND epidemiological criteria:** **<u>Clinical criteria:</u>** **1. Acute onset of fever AND cough;** **OR** **2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status.** **AND** **<u>Epidemiological criteria:</u>** **1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and**

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fulfilling any one of the following conditions: i. Aged 60 years and above ii. With a comorbidity iii. Assessed as having a high-risk pregnancy iv. Health worker	**humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset;** **OR** **2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset;** **OR** **3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.**
	b. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and who requires hospitalization).
2.2. Probable case - a suspect case who fulfills anyone of the following listed below a. Suspect case whom testing for COVID-19 is inconclusive b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing	**2.2. Probable case** **a. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster. Epidemiologically linked refers to exposure of a suspect case to a confirmed case which occurred within 2-14 days prior to the suspect case's onset of illness. This is based on current available data on COVID-19 incubation period.** **b. A suspect case (described above) with chest imaging showing findings suggestive of COVID-19 disease*** ***Typical chest imaging findings suggestive of COVID-19 include the following (Manna 2020):** **• chest radiography: hazy opacities, often rounded in**

	morphology, with peripheral and lower lung distribution • **chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution** • **lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.** **c. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.** **d. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.**
2.3 Confirmed case - 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-certified laboratory testing facility	**2.3 Confirmed case - 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, as defined above, 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.**

VI. SPECIFIC GUIDELINES **A. COVID-19 Surveillance System** **2. Case Definition**	**VI. SPECIFIC GUIDELINES** **A. COVID-19 Surveillance System** **2. Case Definition** **2.4. Based on the World Health Organization Clinical Management of COVID-19 dated 27 May 2020, there are four (4) COVID-19 disease severity namely, mild, moderate, severe and critical diseases. As data and knowledge on COVID-19 are fast evolving, definitions of the disease severity will be issued in a separate memorandum.**
VI. SPECIFIC GUIDELINES **A. COVID-19 Surveillance System** **3. Case Detection** **3.1. SARI and ILI Sites and Other Health Facilities, Providers, and Institution** (last paragraph under 3.1) Confirmed COV-19 cases assessed as asymptomatic or clinically recovered by the attending physician shall be tested and will be discharged after at least one negative result. Confirmed COVID-19 case who have clinically recovered or well with negative results on repeat testing shall be reported as RECOVERED. If said discharged cases developed new signs or symptoms or progression from mild to more serious signs and symptoms, he/she shall be re-admitted once more to isolation and re-testing done. This guideline shall be reviewed and revised accordingly.	**VI. SPECIFIC GUIDELINES** **A. COVID-19 Surveillance System** **3. Case Detection** **3.1. SARI and ILI Sites and Other Health Facilities, Providers, and Institution (last paragraph under 3.1)** **Criteria for discharge for suspect, probable, and confirmed COVID-19 cases shall no longer entail repeat testing. Criteria for tagging confirmed cases as recovered shall also no longer require repeat testing.** **<u>Symptomatic patients with mild and moderate symptoms</u> who have:** **a) clinically improved (afebrile for 3 days, clinical improvement of signs and symptoms, and discharged) or are no longer symptomatic for at least three days; AND** **b) have completed at least 10 days of isolation either at home, Temporary Treatment and Monitoring Facility (TTMF) or hospital from the onset of illness, can be discharged from isolation and re-integrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient. Confirmed cases can be**

	tagged as recovered once these criteria are met. **<u>Symptomatic patients with severe or critical condition</u> who have:** **a) clinically improved (afebrile for 3 days, clinical improvement of signs and symptoms, and discharged) or are no longer symptomatic; AND** **b) have completed at least 21 days of isolation either at home, TTMF or hospital from the onset of illness, can be discharged from isolation and re-integrated to the community without the need for further testing, provided that a licensed medical doctor clears the patient.** **c) Confirmed cases can be tagged as recovered once these criteria are met.** **<u>Asymptomatic Patients</u>** **Patients who test PCR positive (+) and remained asymptomatic during the 10 days from date of specimen collection can discontinue isolation after 10 days from date of specimen collection and be tagged as a recovered confirmed case without need for further testing, provided a licensed medical doctor certifies or clears the patient.** **Repeat testing among mild and asymptomatic cases should not be a prerequisite for the issuance of a clearance or certification to be issued by medical doctors.**
VI. SPECIFIC GUIDELINES **C. Recording and Notification System** Health authorities from the government and private sectors, including health facilities,	**VI. SPECIFIC GUIDELINES** **C. Recording and Notification System** Health authorities from the government and private sectors, including health facilities,

laboratory testing facilities, offices, institutions, and individuals, are mandated to report suspect, probable and confirmed cases of COVID-19 and results of COVID-19 testing done within 24 hours of identification or completion of testing.	laboratory testing facilities, offices, institutions, and individuals, are mandated to report suspect, probable and confirmed cases of COVID-19 and results of COVID-19 testing done within 24 hours of identification or completion of testing. **Scope of information to be reported and its corresponding data collection systems shall be discussed and updated in separate administrative issuances. Non-compliance will be penalized in accordance with Section 10 of Republic Act No. 11332 and its implementing rules and regulations. Reiteration of these penalties will be through a separate issuance.**

Further, all mentions of COVID-19 Information System pertain to **current information systems** being used by disease reporting units and testing laboratories which include but not limited to COVIDKaya Information System and Laboratory Information System. Further, data management will transition to an EMR-based system with data quality assurance and interoperability to ensure completeness and accuracy of data.

As thus amended, all other provisions stipulated in Administrative Order No. 2020-0013 dated 09 April 2020 and Administrative Order 2020-0013-A date 4 June 2020 not affected by this amendment shall remain in full force and in effect.

This Order shall take effect fifteen (15) days following its publication in the Official Gazette or a newspaper of general circulation.

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Secretary of Health