



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 9, 2020

DEPARTMENT CIRCULAR

No. 2020- 0179

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; DIRECTOR GENERAL OF PHILIPPINE INSTITUTE OF TRADITIONAL MEDICINE AND ALTERNATIVE HEALTH CARE; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL SECRETARIAT AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT: Reiteration of Department Memorandum No. 2020-0151 dated March 31, 2020 entitled “Interim Guidelines on Expanded Testing for COVID-19”

With the increasing COVID-19 cases in the country, there is also a subsequent increase in the demand for RT-PCR testing all over the country. In order to maximize the current testing capacity, the Department of Health reiterates Department Memorandum No. 2020-0151 dated March 31, 2020 entitled “Interim Guidelines on Expanded Testing for COVID-19” as attached.

Dissemination of the information to all concerned is requested.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 31, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0151

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: Interim Guidelines on Expanded Testing for COVID-19

I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) was first reported in Wuhan City, China in December 2019 as a cluster of pneumonia cases of unknown etiology. With the increasing number of cases and deaths in various territories, the World Health Organization declared COVID-19 as a pandemic last March 11, 2020.

With the increasing COVID-19 cases in the country, there is also a subsequent increase in the demand for RT-PCR testing all over the country. In order to maximize the limited testing capacity, the Department of Health issues these guidelines on risk-based testing for COVID-19.

II. GENERAL GUIDELINES

1. COVID-19 Expanded Testing is defined as testing all individuals who are at-risk of contracting COVID-19 infection. This includes the following groups: (1) suspect cases or (2) individuals with relevant history of travel and exposure (or contact), whether symptomatic or asymptomatic, and (3) health care workers with possible exposure, whether symptomatic or asymptomatic.
 - a. The following exposures should have happened during the two (2) days before or 14 days after the onset of symptoms of a confirmed or probable case:
 - 1) Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes
 - 2) Direct physical contact with a confirmed case
 - 3) Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
 - b. Indiscriminate testing beyond close contacts of a confirmed COVID-19 case is not recommended.
2. The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:

- a. Subgroup A: Patients or healthcare workers with **severe/critical** symptoms, relevant history of travel/contact
 - b. Subgroup B: Patients or healthcare workers with **mild** symptoms, relevant history of travel/contact, and considered **vulnerable**
 - c. Subgroup C: Patients or healthcare workers with mild symptoms, relevant history of travel/contact
 - d. Subgroup D: Patients or healthcare workers with no symptoms but relevant history of travel/contact
3. Due to global shortage of testing kits and limitation in local capacity for testing, there is a need to rationalize available tests and prioritize subgroups A and B.
 4. However, in view of the expansion of testing capacity and to ensure healthcare workforce safety, subgroup C will be tested and health workers prioritized.
 5. All subnational laboratories are directed to allocate between 20-30% of their daily testing capacity for health workers and the remaining 70% for patients.
 6. Based on current available evidence, real-time polymerase chain reaction (RT-PCR) testing is the confirmatory test. In the Philippines, this pertains to using RT-PCR test kits that are approved by the Food and Drug Administration (FDA), and validated by the Research Institute for Tropical Medicine (RTIM).
 7. Pending results of local studies, use of point-of-care rapid antibody-based test kits **shall not** be used as standalone tests to definitively diagnose or rule out COVID-19. Because these must be used in conjunction with RT-PCR, care must be exercised to not unduly consume RT-PCR test kits for the sake of confirmation.
 8. Expanded use of point-of-care rapid antibody-based test kits shall be explored through validation and sero-epidemiological studies particularly for use in Subgroup D, as testing all asymptomatic contacts of confirmed COVID-19 cases using RT-PCR is not recommended until there is surplus testing capacity.
 9. Results of such studies shall be submitted to the Health Technology Assessment Council (HTAC) for their review and consideration. DOH and PhilHealth may only finance or reimburse COVID-19 test kits that have been positively recommended by the HTAC as required by RA No. 11223.
 10. Only one RT-PCR test with negative results is enough to clear a COVID-19 positive patient.

III. SPECIFIC GUIDELINES

- A. The following guidelines shall apply once the FDA-approved antibody-based test kits have been validated through local studies.
- B. Only licensed medical practitioners may prescribe and administer antibody-based tests.
 1. The medical practitioner shall be responsible for:
 - a. wearing appropriate personal protective equipment provided by the health institution, prior to administering test;
 - b. following DOH published guidelines on case management;
 - c. filling online Case Investigation Form for all and coordinating with regional epidemiological surveillance unit;
 - d. monitoring and reporting adherence to case management on a daily basis
 - e. referring antibody-based test positive cases which belong to Subgroup A and B for possible admission to hospital and confirmatory testing for RT-PCR; and
 - f. Issuing official receipt to the patient for the services rendered.
 2. Failure to comply with the above mentioned responsibilities may be considered violation of RA 11332, which penalizes "non-cooperation of persons and entities that

should report and/or respond to notifiable diseases or health events of public concern", penalty of which is fine not less than Php 20,000 but not more than Php 50,000 or imprisonment of not less than one month but not more than 6 months, or both such fine and imprisonment, and other applicable laws, rules and regulations

C. For Health Care Workers

1. All **symptomatic healthcare workers** should be isolated and tested with RT-PCR.
 - a. All symptomatic healthcare workers who test positive using RT-PCR must be home-quarantined or hospitalized depending on the severity of symptoms.
 - i. After 14 straight days without symptoms, the healthcare worker can be subjected to antibody testing.
 1. If IgG is positive, the health worker can return to work and do not need repeat testing unless they develop symptoms.
 2. If IgG remains negative, an RT-PCR can be done:
 - a. If negative, the healthcare worker can return to work.
 - b. All symptomatic healthcare workers who test negative using RT-PCR may return to work upon resolution of symptoms, then be subject to guidelines for asymptomatic healthcare workers
 2. All **asymptomatic healthcare workers** with unprotected exposure should be isolated and tested with RT-PCR. If there is no available RT-PCR due to limited availability, they can be tested using antibody-based tests every 14 days until IgG develops, but the **healthcare worker should remain isolated for 14 days unless RT-PCR tests are available.**
 - a. Exposure is defined as working in a healthcare facility with confirmed COVID-19 patients within the last 14 days without appropriate PPE.
 - b. All IgM positive but IgG negative healthcare workers who are asymptomatic can be tested with RT-PCR, if and when the testing capacity becomes available.
 - i. If cleared using a negative RT-PCR, they are allowed to return to duty granted that they have recovered from all symptoms. They can be retested with an antibody test after 14 days for development of IgG. If IgG remains negative, continue antibody testing every 14 days as long as exposure is occurring.
 - ii. If they develop symptoms, they shall be prioritized for RT-PCR testing and shall follow protocol indicated in Section III.C.1.
 - c. All IgG positive healthcare workers, whether IgM positive or negative, can return to work, provided they be retested with an RT-PCR if they develop symptoms.
 3. Test all healthcare workers with unprotected exposure every 14 days. If symptomatic, follow the protocol in Section III.C.1. If asymptomatic, test with an antibody-based test every 14 days until IgG develops. All IgM positive but IgG negative healthcare workers who are asymptomatic shall follow the protocol indicated in Section III.C.2.b.

D. For Symptomatic Non-Health Care Workers

1. Testing of symptomatic patients who are close contacts of a known or probable case with rapid antibody-based test kits alone is not recommended, and can be dangerous if not done with proper Personal Protective Equipment. Isolate the patient and conduct RT-PCR testing as recommended.

2. If there is no available RT-PCR due to limited availability, rapid antibody-based testing can be used, but the **patient should remain isolated for 14 days regardless of result** (See Annex A).
 - a. If IgM negative, collect samples for RT-PCR testing
 - i. If RT-PCR negative, the patient is not a COVID-19 case but has to complete the 14-day quarantine.
 - ii. If RT-PCR positive, the patient is a confirmed COVID-19 case and shall be treated and undergo isolation accordingly.
 - iii. If RT-PCR testing is not available, isolate the patient for 14 days. Repeat rapid antibody-based testing once asymptomatic, and follow protocols indicated in Section E for asymptomatic patients.
 - b. If IgM positive, the patient is a probable COVID-19 case. Collect swab for RT-PCR testing.
 - i. If RT-PCR positive, the patient is a confirmed COVID-19 case and shall be treated and undergo isolation accordingly.
 - ii. If RT-PCR negative, the patient has to complete the 14-day home quarantine and repeat rapid antibody-based test.
 - iii. If RT-PCR testing is not available, isolate for 14 days. Repeat rapid antibody-based testing once asymptomatic, and follow protocols indicated in Section E for asymptomatic patients.

E. For Asymptomatic Non-Health Care Workers : Rapid antibody testing may be used for asymptomatic non-health care workers, particularly for close contacts of confirmed COVID-19 cases (See Annex B).


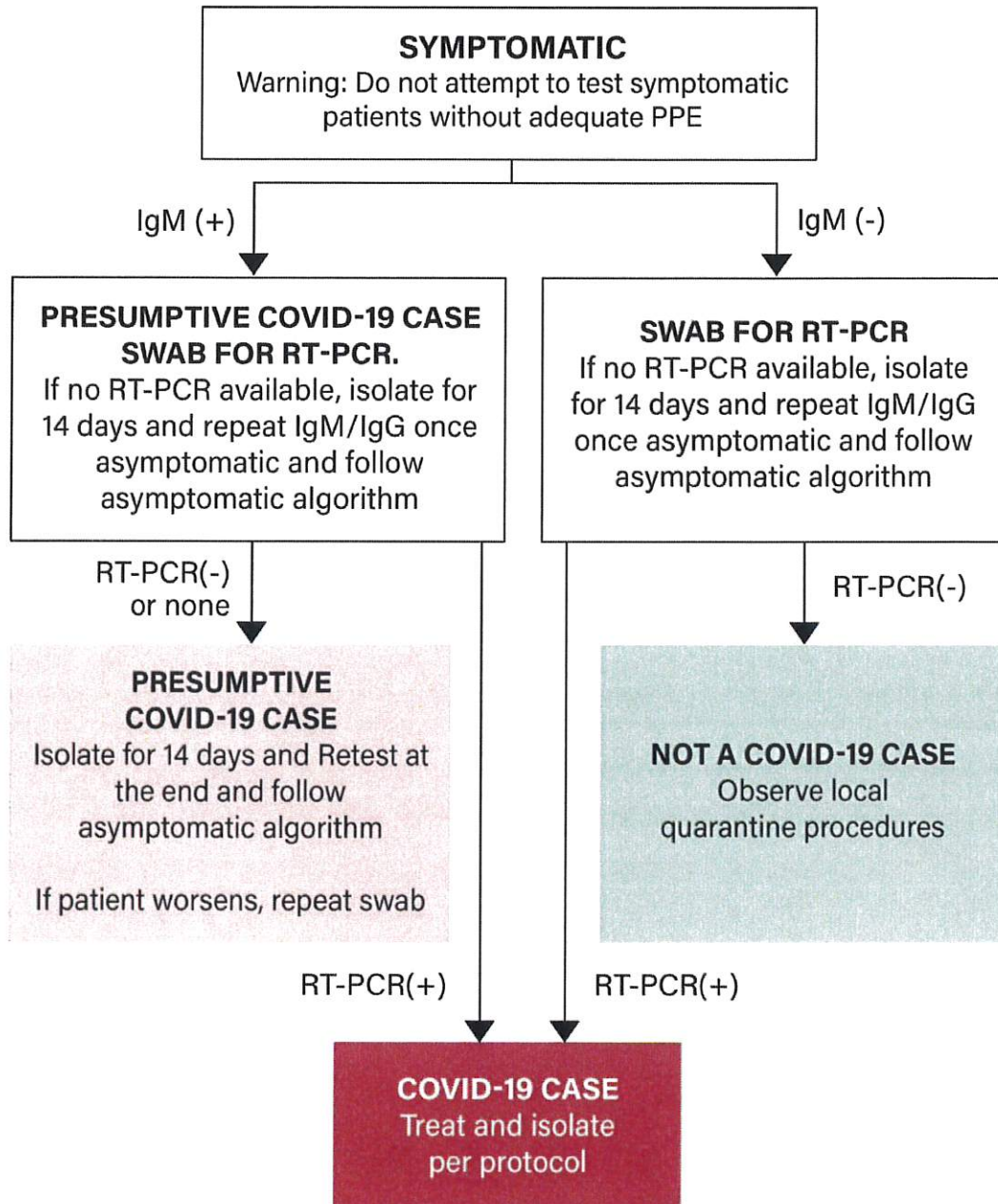
1. If the patient tests negative for both IgM and IgG, there is no need to isolate, unless the patient becomes symptomatic. However, they shall strictly observe the quarantine procedures in their locality.
2. If the patient tests positive IgG only, the patient is considered a presumed recovered case, and there is no need to isolate. However, they shall strictly observe the quarantine procedures in their locality.
3. Patients who test IgM positive shall be **isolated at home or at a community quarantine facility for 14 days**. If they become symptomatic, they will be treated as probable COVID-19 cases and shall follow the protocol indicated in Section D.

For strict compliance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

ANNEX A. Algorithm on the Use of Rapid Antibody Tests as Adjunct Test for Testing COVID-19 among Symptomatic Patients and Healthcare Workers with Relevant History of Travel/Exposure

ALGORITHM ON THE USE OF RAPID ANTIBODY TESTS AS ADJUNCT TEST FOR TESTING COVID-19 AMONG SYMPTOMATIC PATIENTS AND HEALTHCARE WORKERS WITH RELEVANT HISTORY OF TRAVEL/EXPOSURE
 AS OF APRIL 7, 2020

ANNEX B. Algorithm on the Use of Rapid Antibody Tests for Testing COVID-19 among Asymptomatic Patients and Healthcare Workers with Relevant History of Travel/Exposure

ALGORITHM ON THE USE OF RAPID ANTIBODY TESTS FOR TESTING COVID-19 AMONG ASYMPTOMATIC PATIENTS AND HEALTHCARE WORKERS WITH RELEVANT HISTORY OF TRAVEL/EXPOSURE
 AS OF APRIL 7, 2020

