



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 28, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0245

FOR : **ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; AND ALL OTHERS CONCERNED**

SUBJECT : **Advisory: Endorsement of the DILG Memorandum “Updated Contact Tracing Report Template for the Coronavirus Disease 2019 (COVID-19) Situation” dated May 26, 2020**


As per Inter-Agency Task Force (IATF) Resolution No. 25, the Department of Interior and Local Government (DILG) shall lead the contact tracing, in partnership with the local government units. To harmonize the indicators and reporting of contact tracing status, the DILG and Department of Health – Epidemiology Bureau conducted several consultation meetings. A DILG memo was released last May 26, 2020 directing all local government units to utilize the finalized reporting template. Below is a summary of the provisions contained in said template:

1. The summary template shall capture the status on confirmed cases who have been traced, close and general contacts traced and assessed, and their testing, isolation/quarantine, and recovery status (*See Annexes A, B, and C*)
2. Inclusion of indicators on general contacts as per agreement with DILG. These general contacts are individuals who did not fit the definition of a close contact but may have been exposed while in attendance to the same venue or setting as a confirmed case.
3. The template shall be accomplished and reported daily by the LGU with technical assistance from their respective local and regional epidemiology and surveillance units.

The Centers for Health Development, through their Regional Epidemiology and Surveillance Units, are hereby directed to disseminate these to the provincial, city, and municipal epidemiology and surveillance units, provide technical guidance, and assist in monitoring their report submission.

For your information and action.

By the Authority of the Secretary of Health:


MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team

Contact Tracing Report Template
as of May 24, 2020

Region	Organization of CTT			Contact Tracing of Confirmed Cases					Close Contacts			General Contacts							Cumulative No. of Confirmed Cases at Referral Hospitals/ Facilities	No. of Confirmed Cases Recovered									
	No. of Teams Organized	No. of Members	No. of Members Trained	Cumulative No. of Confirmed Cases	No. of Confirmed Cases Traced	% of Confirmed Cases Traced (No. of Confirmed Cases Traced / Cumulative No. of Confirmed Cases x 100)	Cumulative No. of Close Contacts Traced and Assessed	Case Close Contact Ratio (Cumulative No. of Close Contacts Traced and Assessed / No. of Confirmed Cases Traced)	Subject	Probable	Confirmed COVID-19 Cases	No. of Close Contacts Tested		Close Contacts on Quarantine		No. of Close Contacts completed Quarantine	No. of General Contacts	Cumulative No. of General Contacts Traced and Assessed			% (Cumulative No. of General Contacts Traced and Assessed / No. of General Contacts x 100)	Symptomatic	Asymptomatic	No. of General Contacts Tested			General Contacts on Quarantine		
												RT-PCR		No. of Tested via RDT	Home Quarantine									Isolation Facilities (Ligas COVID-19 Facilities)	No. of Tested	No. of Positive Results	No. of Tested via RDT	Home Quarantine	Isolation Facilities (Ligas COVID-19 Facilities)
												No. of Tested	No. of Positive Results																
NCR	220			7,779	6,391	82%	23,128	1:4								23,586	46,714	198%			38,345		6,957			494			
CAR	95			45	45	100%	378	1:9								4,661	5,039	108%			215		1,745			4			
REGION I	165			62	62	100%	2,877	1:47								14,593	17,470	120%			334		57			1,204			
REGION II	96			34	34	100%	1,714	1:51								861	2,575	299%			198		1,327			12			
REGION III	224			418	418	100%	4,408	1:11								27,520	31,928	116%			1,438		2,093			100			
CALABARZON	238			1,370	1,235	90%	8,773	1:8								23,319	32,092	138%			4,507		716			126			
MIMAROPA	95			35	35	100%	1,191	1:35								40	1,231	3078%			812		5			24			
REGION V	120			71	66	93%	696	1:11								736	1,432	195%			528		183			54			
REGION VI	216			104	102	98%	973	1:10								3,775	4,748	126%			4,718		-			103			
REGION VII	192			1,755	1,628	93%	6,131	1:4								4,501	10,632	236%			9,086		1,797			1,898			
REGION VIII	151			25	20	80%	1,745	1:88								2,735	4,480	164%			1,033		97			15			
REGION IX	71			105	105	100%	965	1:10								5,189	6,154	119%			16		107			121			
REGION X	247			21	21	100%	898	1:43								516	1,414	274%			146		141			9			
REGION XI	1867			191	171	90%	3,098	1:19								3,125	6,223	199%			3,046		-			-			
REGION XII	71			16	16	100%	863	1:54								4,972	5,835	117%			192		51			71			
CARAGA	78			3	3	100%	45	1:15								19,332	19,377	100%			211		725			787			
BARMM				11	11	100%	219	1:20																					
For verification				46																									
Repatriates					98		3,757	1:39																					
TOTAL	4,146			12,091	10,461	87%	61,859	1:6								139,461	197,344	142%			64,825		16,001			5,022			

*Pink Column: Data from DOH, as of May 16, 2020

CONTACT TRACING REPORTING TEMPLATE

TECHNICAL NOTES

As of May 24, 2020

Indicator	Definition	Remarks
Organization of Contact Tracing Teams (CTT)		
No. of Teams Organized	This refers to the number of organized contact tracing teams.	Each City/ Municipality is required to organize at least one (1) Contact Tracing Team
No. of Members	This refers to the number of individuals in the CTT.	DILG MC 2020-077 provides guidelines on the composition of Contact Tracing Team, the number of which may vary according to availability of personnel
No. of Members Trained	This refers to the number of individual members in the CTT trained in contract tracing.	Trained team may be defined as those teams oriented by EB or R/C/MESU using the contact tracing Powerpoints (as per Dept Memo 2020-0068) or has enrolled and finished in the contact tracing course rolled out by DOH-EB-WHO and the UP College of Nursing, or has attended LGA's LISTONG UGNAYAN Session (Webinar) and other DOH-recognized online courses on Contact Tracing
Contact Tracing of Confirmed Cases		
Cumulative No. of Confirmed Cases	This refers to the total number of laboratory-confirmed COVID-19 cases	The source of the data is the DOH-Centers for Health Development 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 sub-national reference laboratory, and/or DOH-certified laboratory testing facility. (DOH-AO No. 0013 dated April 9, 2020)
No. of Confirmed Cases Traced	This refers to the cumulative number of confirmed cases which have been successfully traced.	The data sources will be the Contact Tracing Teams/LESU, or equivalent This refers to the number of confirmed COVID-19 cases which have been located and interviewed, (The CTT also needs to get information about the Close and General Contacts).
% of Confirmed Cases Traced	This refers to the percentage of the cumulative number of confirmed cases which have been successfully traced.	Formula: No. of Confirmed Cases Traced / Cumulative No. of Confirmed Cases x 100

Cumulative No. of Close Contacts Traced and Assessed	This refers to the cumulative number of Close Contacts of a confirmed case who have been traced and assessed.	<p>The data sources will be the Contact Tracing Teams/LESU or equivalent.</p> <p>Data needed are those from the identified Close Contacts who were traced and assessed.</p> <p>Close Contacts Traced are close contacts identified during the interview with a Confirmed COVID-19 Case, and/or as indicated in the COVID-19 CIF with contact details.</p> <ul style="list-style-type: none"> • Close contacts are individuals who were exposed to a confirmed COVID-19 case 2 days before the case's onset of illness (if case is asymptomatic, use date specimen was collected) until the case tests negative. • They were individuals who had lived with, cared for, traveled with, or transacted with a confirmed case who had: <ul style="list-style-type: none"> ○ a) direct contact with a confirmed case, OR ○ b) face-to-face contact with a confirmed case for at least 15 minutes, OR ○ c) was with a confirmed case in an enclosed space for at least two hours. <p>Assessed would mean that the <i>Close Contact</i> was interviewed either via phone or through other messaging applications, or by face-to-face interview, and the health status and disposition were determined.</p>
Case:Close Contact Ratio (Cumulative No. of Close Contacts Traced and Assessed / No. of Confirmed Cases Traced)	This ratio refers to the number of close contacts traced and assessed against the total number of confirmed cases traced.	<p>Formula will be embedded in the spreadsheet.</p> <p>This can be computed using this formula: <i>Total Close Contacts Traced and Assessed/Confirmed Cases Traced</i></p> <p>Example: You have traced 6 confirmed cases and these yielded a total of 120 close contacts who were traced and assessed. Divide 120 by 6 and your answer is 20. Thus, the case to close contact ratio is 1:20.</p>
Close Contact		
Suspect Cases	This refers to the number of Close Contacts Traced and Assessed who developed signs and symptoms that fit the case definition of a suspect case	<p>The data sources will be the CTT/LESU/LHO or equivalent. This is cumulative.</p> <p>Among the Close Contacts Traced and Assessed, how many are categorized as Suspect Cases?</p>

		<p>Case definition of a suspect case (as defined in DOH AO No. 2020-0013 dated April 9 2020, page 4, Item VI.A.2.1 a,b, and c)</p> <p>Suspect case - is a person who is presenting with any of the conditions below:</p> <ol style="list-style-type: none"> 1. All SARI (<i>Severe Acute Respiratory Infection</i>) cases where NO other etiology fully explains the clinical presentation; <ol style="list-style-type: none"> 1.1. ILI (<i>Influenza-Like Illness</i>) cases with any one of the following: <ol style="list-style-type: none"> 1.1.1. 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 symptoms onset, OR; 1.1.2. 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 until the time the probable/confirmed COVID-19 case became negative on repeat testing. 1.2. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions: <ol style="list-style-type: none"> 1.2.1. Aged 60 years and above; 1.2.2. With comorbidity; 1.2.3. Assessed as having a high-risk pregnancy; and 1.2.4. Health Worker.
Probable Cases	This refers to the number of Close Contacts Traced and Assessed who fit the case definition of a probable case	<p>The data sources will be the CTT/LESU/LHO or equivalent. This is cumulative.</p> <p>Probable Case is a subset of Suspect Case.</p> <p>Among the Close Contact Traced and Assessed that are Suspect Cases, how many are categorized as Probable Cases?</p> <p>Case definition of a probable case (as defined in DOH AO No. 2020-0013 dated April 9 2020, pages 4-5, VI.A. 2.2 a and b, and an additional criteria included in DOH DM 2020-0189 dated April 17, 2020, page 2, II.D.c)</p> <p>Probable case - a suspect case who fulfills any one of the following listed below:</p> <ol style="list-style-type: none"> 1. Suspect case whose testing for COVID-19 is inconclusive;

		<ol style="list-style-type: none"> 2. Suspect case 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. 3. Suspect case who died without being tested
Confirmed COVID-19 Cases	This refers to the number of Close Contacts Traced and Assessed who were classified as Confirmed Case	<p>The data sources are the CTT/LESU/LHO or equivalent. This is cumulative.</p> <p>Among the Close Contacts Traced and Assessed, how many are categorized and diagnosed as Confirmed COVID-19 Cases through RT-PCR?</p> <p>The number of confirmed COVID-19 cases here should be added to the No. of Cumulative Confirmed Cases who were later contact-traced, assessed, etc.</p> <p>Confirmed case - any individual, irrespective of the 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. (DOH-AO No. 0013 dated April 9, 2020)</p>
No. of Close Contacts Tested	This refers to the total number of individuals Close Contact Traced and Assessed who were tested using RT-PCR or RDT	If a Close Contact was tested for both RT-PCR and RDT, they should be reflected in both columns.
RT-PCR		The data source will be the DOH-CHD.
No. of Tested	This refers to the total number of individuals Close Contact Traced and Assessed tested using RT-PCR	Reverse Transcription- Polymerase Chain Reaction - detects the RNA of SARS-CoV2, the etiologic agent of COVID-19. This is the current gold standard for laboratory confirmation of COVID-19 infection.
No. of Positive Results	This refers to the total number of individuals Close Contact Traced and Assessed who tested positive using RT-PCR	Testing "Positive" is indicated in the test result as "SARS-CoV2 (causative agent of COVID-19) viral RNA detected".
No. of Tested via RDT	This refers to the total number of individuals Close Contact Traced and Assessed tested using RDT	<p>The data source will be the LESU/LHO or equivalent.</p> <p>Rapid Diagnostic Test - a test that detects the presence of antibodies (IgM, IgG) to SARS-CoV2. There are RDTs that detect either IgM or IgG, while others detect both IgM and IgG. This should be done by competent HCWs under the supervision of a competent physician and may be done in a clinic or other health facilities.</p>

Close Contacts on Quarantine	Quarantine is defined as the restriction of movement, such as for close contacts	The data source will be the Local COVID-19 Task Force/DOH or equivalent. The Joint AO 2020-0001 between DOH and DILG provides the guidelines for quarantine.
Home Quarantine	No. of Close Contacts Traced and Assessed placed on home quarantine	The data source will be the BHERTs/CTT/LHO/Local COVID-19 Task Force/ or equivalent. Daily monitoring are to be conducted by the BHERTs Note that the LGU should ensure that the close contact was able to fulfill the criteria set in the Joint AO for him/her to be allowed to only undergo home quarantine.
Isolation Facilities (Ligtas COVID-19 Facilities)	No. of Close Contacts Traced and Assessed quarantined in a facility, such as the Ligtas COVID-19 facilities	The data source will be the LESU/LHO/Local COVID-19 Task Force/ or equivalent.
No. of Close Contacts Completed Quarantine	No. of Close Contacts Traced and Assessed who completed the 14-day quarantine (whether at home or in a facility)	The data source will be the LESU/LHO/Local COVID-19 Task Force/ or equivalent. If the Close Contact has finished the mandatory quarantine, it shall be subtracted on the "Close Contact on Quarantine" This is cumulative. Fulfilled the definition for completed quarantine as defined in DOH DM 2020-0189 dated April 17, 2020, page 6, IV.F.2
General Contacts		
No. of General Contacts	This refers to the number of cumulative General Contacts cases (identified) of a confirmed case.	The data source will be the Contact Tracing Teams/LESU or equivalent General Contacts are contacts of a confirmed case who DID NOT fulfill the definition for a Close Contact. General Contacts refer to the individuals who may have been exposed to a confirmed case (such as those who were in the same event, social gathering, or venue as the confirmed case) but were beyond one meter distance from the confirmed case or did not have prolonged interaction or direct contact with the confirmed case.
Cumulative No. of General Contacts Traced and Assessed	This is the cumulative number of General Contacts who have been traced and assessed.	The data source will be the Contact Tracing Teams/LESU or equivalent Data needed are those as the General Contact Traced and Assessed, the definition of which is as follows:

		<p>General Contact Traced are general contacts identified during the interview of a Confirmed COVID-19 case and/or as indicated in the COVID-19 CIF with contact details.</p> <p>Assessed means that the general contact was interviewed either via phone or other messaging applications, or through face-to-face interview and the health status and disposition were determined</p>
% (Cumulative No. of General Contact Traced and Assessed / No. of General Contacts x 100)	This is the percentage of cumulative General Contacts who have been Traced and Assessed	<p>Formula:</p> $\text{No. of General Contacts Traced and Assessed} / \text{No. of General Contacts} \times 100$
Symptomatic	This refers to the General Contacts Traced and Assessed who developed signs and symptoms	<p>The data source will be the CTT/LESU/LHO or equivalent. This is cumulative. Daily monitoring will be conducted by the BHERTs</p> <p>Among the General Contact Traced and Assessed, how many are symptomatic?</p>
Asymptomatic	This refers to the General Contacts Traced and Assessed who did not have any sign or symptom	<p>The data source will be the CTT/LESU/LHO or equivalent. This is cumulative.</p> <p>Among the General Contact Traced and Assessed, how many are asymptomatic?</p>
No. of General Contacts Tested	This refers to the total number of individual General Contacts Traced and Assessed traced who were tested using RT-PCR or RDT	If a General Contact was tested for both RT-PCR and RDT, they should be reflected in both columns.
RT-PCR		The data source will be the DOH.
No. of Tested	This refers to the number of individual General Contacts Traced and Assessed tested using RT-PCR	Reverse Transcription- Polymerase Chain Reaction - detects the RNA of SARS-CoV2, the etiologic agent of COVID-19. This is the current gold standard for laboratory confirmation for COVID-19 infection.
No of Positive Results	This refers to the number of individuals who tested positive using RT-PCR	Testing "Positive" is indicated in the test result as "SARS-CoV2 (causative agent of COVID-19) viral RNA detected".
No. of Tested via RDT	This refers to the number of individual General Contacts Traced and Assessed tested using RDT	<p>The data source will be the LESU/LHO or equivalent.</p> <p>Rapid Diagnostic Test - a test that detects the presence of antibodies (IgM, IgG) to SARS-CoV2. There are RDTs that detect either IgM or IgG while others detect both IgM and IgG. This should be done by competent HCWs under the supervision of a competent physician and may be done in a clinic or other health facilities.</p>

General Contacts on Quarantine	Quarantine is defined as the restriction of movement	The data source will be the Local COVID-19 Task Force/DOH or equivalent. The Joint AO 2020-0001 between DOH and DILG provides the guidelines for quarantine.
Home Quarantine	No. of General Contacts Traced and Assessed placed on home quarantine	The data source will be the BHERTs/CTT/LHO/Local COVID-19 Task Force/ or equivalent. Daily monitoring will be conducted by the BHERTs Note that the LGU should ensure that the General Contact was able to fulfill the criteria set in the Joint AO for him/her to be allowed to only undergo home quarantine.
Isolation Facilities (Ligtas COVID-19 Facilities)	No. of General Contacts Traced and Assessed quarantined in a facility, such as the Ligtas COVID-19 Center	The data source will be the LESU/LHO/Local COVID-19 Task Force/ or equivalent.
Cumulative No. of Confirmed Cases at Referral Hospitals/Facilities	This is the cumulative number of confirmed COVID-19 cases isolated in a referral hospital or isolation facility	The data source will be the LESU, as submitted to the RESU
No. of Confirmed Cases Recovered	This refers to the cumulative number of Confirmed Cases who have recovered	Recovered is defined per DOH AO 2020-0013 as a Confirmed Case who was: a) clinically recovered or well, and b) negative on RT-PCR after repeat testing



Republic of the Philippines

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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OFFICE OF THE UNDERSECRETARY FOR PEACE AND ORDER

MEMORANDUM

TO : ALL DILG REGIONAL DIRECTORS, BARMM MINISTER FOR LOCAL GOVERNMENT AND THE DILG-EOC MANAGER

SUBJECT : UPDATED CONTACT TRACING REPORT TEMPLATE FOR THE CORONAVIRUS DISEASE 2019 (COVID-19) SITUATION

DATE : May 26, 2020

With reference to DILG Memorandum dated May 12, 2020 "Reporting on Contact Tracing for Coronavirus Diseases 2019 (COVID-19) Situation", and after consultations with the Department of Health - Epidemiology Bureau (DOH-EB), the reporting template for contact tracing from both agencies has been harmonized to cover the Trace, Test, Treat (T3) Management Program.

In order to facilitate uniform reporting, the attached updated template shall be used in reporting all contact tracing efforts done by the local government units. Together with this template are technical notes, which aim to provide explanations and common understanding of how to accomplish the template.

As a general rule, contact tracing should have no boundaries. A Contact Tracing Team (CTT) can use the phone or any other means of communication at their disposal. The CTT from one LGU may seek the assistance of another LGU in determining the location of, or obtaining information about, a close or general contact. For recording and reporting purposes, the following parameters are hereby set:

- Close or general contacts residing in the same LGU as the CTT shall be reflected and counted in the report of the concerned CTT;
- Even if the close or general contacts are residents of an LGU outside of the official jurisdiction of the concerned CTT, the contacts shall be counted, and the information about them reflected, in the report of the concerned CTT, unless the concerned CTT officially endorses the contacts to another LGU. In which case, the LGU-endorsee shall count and reflect the contacts in their own contact tracing report, and the endorsing LGU will no longer include the contacts in their own report.

Henceforth, you are hereby directed to submit all contact tracing reports following the updated reporting template, complying with the reporting period set by the DILG-Emergency Operations Center (EOC), and furnishing copies thereof to your respective Regional Task Forces.

The DILG-EOC is hereby directed to immediately update the reporting template in the CQMS and submit a separate report to the Secretary, copy furnished the undersigned daily and weekly summary. However, manual submission of the attached template shall be done daily not later than 5:00 PM and emailed to c19contacttracing.dilg@gmail.com until the integration and updating of the CQMS has been completed.

Should you have any queries and clarifications, please confer with your respective Regional and/or Local Epidemiology and Surveillance Units.

For immediate compliance.



BERNARDO C. FLORECE, JR.
Undersecretary for Peace and Order