



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

July 6, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0258-A

**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: Amendment to Department Memorandum No. 2020-0258 entitled Updated Interim Guidelines on Expanded Testing for COVID-19**

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In compliance with the directives of the Inter-Agency Task Force for the Management of Emerging Infectious Disease (IATF) to revisit strategies in combating COVID-19 and expand testing strategy (Resolutions No. 50 and 51 of IATF), the provisions of Department Memorandum No. 2020-0258 issued on 29 May 2020 are hereby amended, as provided hereunder.

I. To include in Section II.1:

“c. The conduct of RT-PCR testing shall follow these general principles:

- i. Risk-based approach: Test kits are deployed in a responsible and most efficient way, prioritizing clusters with highest risk or transmission, workers with highest exposure, vulnerable patients, and sectors with greatest economic impact.
- ii. Confidence-boosting testing: Tests are tools to keep the economy open and avoid re-imposition of community quarantine.
- iii. Shared cost, shared reward: Incentivize private sector for testing essential workers and employees in by sharing cost of testing with government (for certain economic sectors and jobs), and introduce methods such as pooled testing to dramatically lower testing cost and expand coverage
- iv. Localized execution: Allow local chief executives, heads of agencies, facilities and companies, and attending physicians to decide on the

appropriate extent of testing in order to decrease the risk of spreading COVID-19 in affected communities, offices and facilities.

d. The following are considered Special Concern Areas:

- i. Major areas in the regions with highest COVID-19 active cases;
- ii. Areas with clustering (2 or more households with a confirmed case in a barangay in the past 2 weeks)
- iii. Any other areas that the National Task Force Against COVID-19 (NTF) designates as a Special Concern Area.”

II. To revise Section II.2 as follows:

“The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing.

- a. Sub-group A: Individuals with severe/critical symptoms and relevant history of travel and/or contact;
- b. Sub-group B: Individuals with mild symptoms and relevant history of travel and/or contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19;
- c. Sub-group C: Individuals with mild symptoms, and relevant history of travel and/or contact;
- d. Sub-group D: Individuals with no symptoms but with relevant history of travel and/or contact or high risk of exposure. These include:
  - i. Subgroup D1: Contact-traced individuals
  - ii. Sub-group D2: Healthcare workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system. The frequency of testing shall be as follows:
    1. Healthcare workers with high COVID-19 exposure and who live or work in Special Concern Areas may be tested up to once a week, as determined by the Infection Prevention and Control Committee of the facility.
    2. Healthcare workers with high COVID-19 exposure and who live or work outside Special Concern Areas may be tested up to once every two weeks, as determined by the Infection Prevention and Control Committee of the facility.

3. Healthcare workers who do not have high COVID-19 exposure and who live or work in Special Concern Areas may be tested every two to four weeks as determined by the Infection Prevention and Control Committee of the facility.

In this regard, healthcare workers who are directly working or have direct involvement in COVID-19 care (e.g., nurses, doctors, or any staff working at COVID-19 facilities, hospital wards, emergency rooms, isolation facilities, or quarantine facilities, and laboratory technicians and pathologists at COVID-19 testing facilities) are may be considered to have high COVID-19 exposure.

- iii. Sub-group D3: Returning Overseas Filipino Workers, who shall immediately be tested at the port of entry;
  - iv. Sub-group D4: Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to the existing protocols of the IATF.
- e. Sub-group E: Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:
- i. Sub-group E1: Those with high or direct exposure to COVID-19 regardless of location may be tested up to once a week. These include the following:
    1. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and Nationally-managed);
    2. Personnel serving at the COVID-19 swabbing center;
    3. Contact tracing personnel; and
    4. Any personnel conducting swabbing for COVID-19 testing.
  - ii. Sub-group E2: Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested up to every two to four weeks. These include the following:
    1. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
    2. National/Regional/Local Risk Reduction and Management Teams;
    3. Officials from any local government/city/municipality health office (CEDSU, CESU, etc.)
    4. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
    5. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
    6. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;

7. Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and
  8. Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks.
- f. Sub-group F: Other vulnerable patients and those living in confined spaces. These include, but are not limited to:
- i. Pregnant patients who shall be tested during the peripartum period;
  - ii. Dialysis patients;
  - iii. Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system;
  - iv. Patients undergoing chemotherapy or radiotherapy;
  - v. Patients who will undergo elective surgical procedures with high risk for transmission;
  - vi. Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months;
  - vii. Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.

Individuals falling under (i) to (vi) above shall be tested at the discretion of the attending physician, following the existing guidelines of their respective professional or medical societies. Meanwhile, testing of individuals classified as (vii) above is mandatory prior to admission into the facility.

- g. Sub-group G: Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s.2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.
- h. Sub-group H: Frontliners in Tourist Zones:
- i. Sub-group H1: All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks.
  - ii. Sub-group H2: All travelers, whether of domestic or foreign origin, may be tested at least once, at their own expense, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.

- i. Sub-group I: All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested regularly.

In order to re-open the economy safely, the covered economic zone employees may be tested every quarter.

The Department of Trade and Industry (DTI), in coordination with the Philippine Economic Zone Authority (PEZA) and the freeport and special economic zone administrators, may include other priority sectors or economic zones within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the above government agencies may deprioritize or remove sectors from this list at their discretion.

- j. Sub-group J: Economy Workers

- i. Sub-group J1: Frontline and Economic Priority Workers, defined as those (1) who work in high priority sectors, both public and private, (2) have high interaction with and exposure to the public, and (3) who live or work in Special Concern Areas, may be tested every three months. These workers include, but are not limited to:

- 1. Transport and Logistics

- a. Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses, Public Transport Vehicles
- b. Conductors
- c. Pilots, Flight Attendants, Flight Engineers
- d. Rail operators, mechanics, servicemen
- e. Delivery staff
- f. Water transport workers – ferries, inter island shipping, ports

- 2. Food Retail

- a. Waiters, Waitresses, Bar Attendants, Baristas
- b. Chefs and Cooks
- c. Restaurant Managers and Supervisors

- 3. Education – once face to face classes resume

- a. Teachers at all levels of education
- b. Other school frontliners such as guidance counselors, librarians, cashiers

- 4. Financial Services

- a. Bank Tellers

- 5. Non-Food Retail

- a. Cashiers
- b. Stock clerks
- c. Retail salespersons

6. Services
  - a. Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
  - b. Embalmers, Morticians, Undertakers, Funeral Directors
  - c. Parking Lot Attendants
  - d. Security Guards
  - e. Messengers
  - f. Ushers, Lobby Attendants, Receptionist
  - g. Clergy
7. Market Vendors
8. Construction
  - a. Carpenters
  - b. Stonemasons
  - c. Electricians
  - d. Painters
  - e. Construction workers, including Foremen, Supervisors
  - f. Civil Engineers, Structural Engineers, Construction Managers
  - g. Crane and Tower operators
  - h. Elevator installers and repairers
9. Water Supply, Sewerage, Waste Management,
  - a. Plumbers
  - b. Recycling and Reclamation workers/Garbage Collectors
  - c. Water/Wastewater engineers
  - d. Janitors and cleaners
10. Public Sector
  - a. Judges,
  - b. Courtroom clerks, staff and security
  - c. All national and local government employees rendering frontline services in Special Concern Areas
11. Mass Media
  - a. Field reporters, photographers, and cameramen

The DTI and the Department of Labor and Employment, may designate other frontline and economic priority workers within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the relevant government agencies may deprioritize or remove jobs from this list at their discretion.

In order to re-open the economy safely, frontline and economic priority workers may be tested once every quarter.

- ii. Sub-group J2: All other employees not covered above are not required to undergo testing but are encouraged to be tested every quarter. Private sector employers

are highly encouraged to send their employees for regular testing at the employers' expense in order to avoid lockdowns that may do more damage to their companies.

III. To revise Section II.7. to read as follows:

"7. Rapid point of care antibody-based test kits should not be used 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"

IV. To include the following provision under General Guidelines:

"14. All testing facilities shall utilize the appropriate PhilHealth benefit and/or any benefit provided by Health Maintenance Organizations or Private Health Insurance for COVID-19 testing to reimburse the costs of testing.

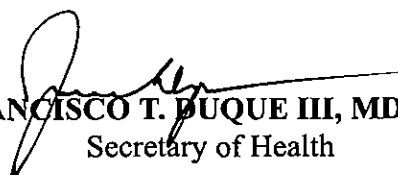
15. Considering our increased testing capacity and availability of testing supplies, any person who does not fall under any of the above sub-groups but who wants to get tested using RT-PCR will be allowed to do so if they will shoulder the full costs of testing."

V. To revise the entire Section III.B. For Symptomatic Patients to read as follows:

"1. All symptomatic patients who are close contact of probable or confirmed cases shall be tested using RT-PCR. Testing must be conducted by health workers equipped with proper Personal Protective Equipment. Patients must be isolated at all times.

2. Suspect, probable and confirmed COVID-19 patients who have clinically recovered and are no longer symptomatic and have completed at least 14 days of isolation can be discharged and tagged as recovered without RT-PCR or antibody testing, provided that a licensed medical doctor clears the patient."

As thus amended, all other provisions stipulated under Department Memorandum No. 2020-0258 dated May 29, 2020 not affected by this Order shall remain in full force and in effect.

  
**FRANCISCO T. BUQUE III, MD, MSc**  
Secretary of Health