



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

January 14, 2022

**DEPARTMENT MEMORANDUM**

No. 2022- 0013

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH- BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; DOH ATTACHED AGENCIES AND INSTITUTIONS AND ALL OTHERS CONCERNED**

**SUBJECT: Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant**

**I. BACKGROUND**

The presence of a highly transmissible COVID-19 variant, Omicron, highlights the need for adaptive changes to ensure continued availability of health and essential services. Because mass vaccination has significantly reduced the individual's chances of getting severe disease and dying, our policies and guidelines on testing, quarantine and isolation are being updated to reflect the current state of information and achieve a favorable risk-benefit ratio.

Based on the current Omicron situation and updated recommendations from the Philippine COVID-19 Living Recommendations and Department of Health (DOH) Technical Advisory Group (TAG), these guidelines are hereby issued to update protocols for isolation, quarantine and testing for COVID-19 across all age groups, as stipulated in the provisions of Department Memorandum No. 2020-0512 "Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19" that were reiterated in the DOH Administrative Order No. 2021-0043 "Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions". However, this does not preclude the DOH to revert to previously issued protocols and issue necessary updated guidelines based on current evidences and trends.

**II. IMPLEMENTING GUIDELINES**

**A. QUARANTINE OF ASYMPTOMATIC CLOSE CONTACTS**

1. Fully vaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 5 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.

2. Partially vaccinated or unvaccinated asymptomatic close contacts of individuals with symptoms, suspect, probable, or confirmed cases shall quarantine for at least 14 days from the date of the last exposure. Quarantine can be discontinued at the end of the set quarantine period if they have remained asymptomatic during the whole recommended quarantine period regardless if testing has been done and resulted negative.
3. All asymptomatic close contacts shall not be required testing unless symptoms will develop, and should immediately isolate regardless of test results.
4. All asymptomatic close contacts shall conduct symptom monitoring for at least 14 days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, including physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others, regardless of vaccination status.
5. Hospital Infection Prevention and Control Committees (IPCC), Health Offices from Provinces, Highly Urbanized Cities, and Independent Component Cities coordinated with their corresponding hospital IPCC, and other sectors authorized by the IATF with strict industry regulations on infection prevention and control (IPC) shall be authorized to implement further shortening of quarantine duration up to 0 days for their fully vaccinated workers with boosters who are close contacts based on the institution's individualized risk and needs assessment.
6. Intensive contact tracing and testing of asymptomatic close contacts are not recommended priority interventions in areas with large scale community transmission.

## **B. ISOLATION OF INDIVIDUALS WITH SYMPTOMS AND SUSPECT, PROBABLE, AND CONFIRMED CASES**

1. All asymptomatic and fully vaccinated confirmed cases, shall isolate for at least 7 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
2. All asymptomatic and partially vaccinated or unvaccinated confirmed cases, shall isolate for at least 10 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
3. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are fully vaccinated, shall isolate for at least 7 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24

hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.

4. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are partially vaccinated or unvaccinated, shall isolate for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
5. All individuals with symptoms and suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
6. All individuals with symptoms and suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least 21 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms.
7. All symptomatic immunocompromised confirmed cases, as outlined below, shall be isolated for at least 21 days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:
  - a. Autoimmune disease
  - b. HIV
  - c. Cancer/ malignancy
  - d. Undergoing steroid treatment
  - e. Transplant patients, and
  - f. Patients with poor prognosis or bed-ridden.

Isolation can be discontinued upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Repeat RT-PCR testing shall also be recommended for this group. If results turn out negative, they may be discharged from isolation. If results turn out positive, refer to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

8. Hospital IPCC, city and provincial health offices coordinated with provincial or city HIPCC, and other sectors authorized by the IATF with strict industry regulations on IPC shall be authorized to implement further shortening of isolation protocols up to 5 days for their fully vaccinated workers with boosters who are suspect, probable, and

confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

9. Repeat testing nor medical certification is not required for the safe reintegration into the community, except for immunocompromised individuals. Time based isolation is sufficient provided the affected individual remains asymptomatic.

### **C. TESTING PRIORITIZATION**

1. Testing, especially using RT-PCR, shall be recommended and prioritized for instances where the result of testing will affect the clinical management. Specifically, this will include those who are at risk for developing severe disease such as Priority Groups A2 (persons above 60 years old) and A3 (persons with comorbidities).
2. Testing, especially using RT-PCR, shall also be recommended and prioritized for groups at highest risk for infection such as Priority Group A1 or healthcare workers as deemed necessary.
3. Testing using Antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available, consistent with previously issued guidelines.
4. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:
  - a. Testing shall NOT be recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.
  - b. Testing shall NOT be recommended for screening asymptomatic individuals.
5. All government agencies and instrumentalities, as well as private sectors are recommended to align with the updated guidelines on quarantine, isolation, and testing for COVID-19 response consistent with the new policy directions. Implementation of the updated testing policy with regards to other agency's guidelines shall take effect as indicated there.

### **D. HOME QUARANTINE AND ISOLATION**

1. Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation" provisions on home quarantine and isolation for individuals with no symptoms, mild symptoms, and moderate symptoms and for step-down management are further clarified that in extreme circumstances (e.g. unavailability of TTMs, and multiple household members are infected with no single rooms available), individuals who are suspected of COVID-19 may be placed together in a shared room provided that the bed shall be spaced at least 2 meters apart, with proper ventilation, and temporary partitions to ensure patient privacy shall be placed between them.
2. To ensure promotion of their psychosocial well-being, individuals in quarantine and isolation are recommended to maintain and continue lines of communication to family

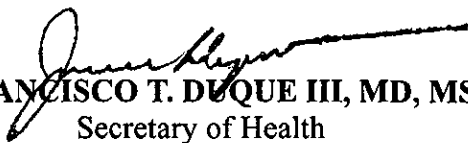
and friends. They may also download the DOH Lusog-Isip Mobile Application for free (available in both Apple store or Google play store) or access the National Center for Mental Health (NCMH) Crisis Hotline or the DOH Regional Helplines (See Annex C) for mental health and psychosocial support concerns.

3. All quarantined and isolated individuals, including locally stranded individuals, are recommended to be quarantined or isolated in the area in which they are located instead of being transported to outside of their area of origin to undergo quarantine or isolation.

### **III. REPEALING CLAUSE**

DOH DM 2020-0258 and 0258-A “Updated Interim Guidelines on Expanded Testing for COVID-19”, DM 2020-0512 “Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19”, and other issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances which are not affected by this DM shall remain valid and in effect.

For strict compliance.

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

## Annex A: Summary of Updated Quarantine and Isolation Protocols

		General Public	Healthcare workers and authorized sectors**
<b>QUARANTINE</b>			
<b>Asymptomatic close contact</b>	Fully vaccinated	At least 5 days from exposure***	At least 5 days from exposure IPCC may shorten up to 0 days if with booster
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure	At least 14 days from exposure
<b>ISOLATION</b>			
<b>Asymptomatic case</b>	Fully vaccinated	At least 7 days* from positive test (sample collection date)	At least 7 days* from positive test (sample collection date) IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from positive test (sample collection date)	At least 10 days* from positive test (sample collection date)
<b>Symptomatic, suspect, probable or confirmed case with MILD symptoms</b>	Fully vaccinated	At least 7 days* from onset of symptoms	At least 7 days* from onset of symptoms IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
<b>Symptomatic, suspect, probable or confirmed case with MODERATE symptoms</b>	Regardless of vaccination status	At least 10 days* from onset of symptoms	At least 10 days* from onset of symptoms
<b>Symptomatic, suspect, probable or confirmed case with SEVERE and CRITICAL symptoms</b>	Regardless of vaccination status	At least 21 days* from onset of symptoms	At least 21 days* from onset of symptoms
<b>Immunocompromised</b> <i>*Autoimmune disease, HIV, Cancer/ Malignancy, Transplant Patients, Undergoing steroid treatment, Patients with poor prognosis/ Bed-ridden patients</i>	Regardless of vaccination status	At least 21 days* from onset of symptoms with negative repeat RT-PCR	At least 21 days* from onset of symptoms with negative repeat RT-PCR

\*Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification is not required for safe reintegration into the community. Time based isolation is sufficient provided the affected individual remains asymptomatic.

\*\* Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC shall be authorized to implement further shortening of quarantine and isolation protocols for their fully vaccinated workers with boosters who are close contacts, suspect, probable, and confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

\*\*\* All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks, physical distancing, among others

## Annex B. Updated Testing Protocols

Who is being tested?	Why is testing being done?	Should you test?	Remarks
<b>A1 or Health Care Workers</b>	Surveillance to plan for adequate health system capacity	YES*	Use antigen test only when symptomatic, and when RT-PCR is not available
<b>A2 Senior Citizens or A3 Persons with Co-morbidities Including those at high risk for severe disease</b>	Confirming COVID-19 to know if investigational drugs can be given	YES	
<b>All except A1, A2 and A3 - no symptoms</b>	Confirming COVID-19 after exposure to positive case	OPTIONAL, quarantine ASAP, and monitor symptoms	
<b>All except A1, A2 and A3 - mild symptoms</b>	Confirming COVID-19 after onset of symptoms	OPTIONAL, isolate ASAP, teleconsult, home care if with capacity to be managed at home	

\*Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC can determine need for testing upon careful assessment of benefits and risks.

## Annex C. DOH Regional Helplines

# DOH Regional Helplines

REGION	CENTER	SERVICES	HOTLINE
<b>NATIONWIDE</b>	National Center for Mental Health	24/7 Crisis Hotline Telemental Health Psychological/Psychiatric Referrals & Management	1553 0917-899-8727 0966-351-4518 0908-639-2672 bit.ly/mhusaptayo
<b>4-B MIMAROPA</b>	MIMAROPA HEMS Helpline	HEMS MHPSS COVID-19 Mental Health Concerns	0945-992-9323 0929-295-6595
<b>6 WESTERN VISAYAS</b>	Capiz Provincial Health Office	MHPSS	0916-241-1596 0921-991-2064
<b>7 CENTRAL VISAYAS</b>	Central Visayas MHPSS Helpline  Tawag Paglaum	PFA, PSP, Substance Abuse Referrals, Swab concerns  24/7 Crisis Hotline Suicide Prevention	0916-343-7016 0933-644-3488  0939-937-5433 0939-936-5433 0927-654-1629
<b>8 EASTERN VISAYAS</b>	Biliran Provincial Hospital  DOH-CHD Region 8  Northern Samar Provincial Health Office	MHPSS, PFA  MHPSS Psychiatric referrals  PFA to agencies, LGUs (by appointment)	0953-356-0296 0920-181-8809  0966-531-6464 0947-423-8423  0999-927-4848 0949-776-7389 0919-278-3337 0921-217-7701 0928-350-1846 0907-832-7760 0948-341-8981 0930-770-2679
<b>10 NORTHERN MINDANAO</b>	DOH-CHD Region 10	MHPSS	0997-359-0888 0965-055-6777 0965-835-6888
<b>11 DAVAO REGION</b>	DOH-CHD Region 11	PFA	0977-760-8610 0939-768-3627 0933-404-1072
<b>12 COTABATO REGION</b>	Cotabato Regional Medical Center	Crisis Hotline Psychiatric Referrals	0935-574-4500

HEMS	Health Emergency Management Staff	PFA	Psychological First Aid
MHPSS	Mental Health & Psychosocial Support	PSP	Psychosocial Processing



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