



Republic of the Philippines
 Department of Health
OFFICE OF THE SECRETARY

MAR 17 2020

ADMINISTRATIVE ORDER
 No. 2020 - 0012

SUBJECT: 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

I. BACKGROUND

On December 31, 2019, the World Health Organization (WHO) of the China country office reported clustering of pneumonia in Wuhan City, Hubei Province, China. On January 7, 2020, the causative virus became known as a novel (new) coronavirus (2019-nCoV) which was later officially named by WHO as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease as Coronavirus Disease 2019 (COVID-19). The WHO issued the technical interim guidelines for response measures such as Surveillance, Laboratory, Infection Prevention and Control, Risk Communication, Disease Commodity Packages and Readiness Checklist. Consequently, on January 12, 2020, the Event-based Surveillance and Response (ESR) Unit of the Epidemiology Bureau (EB) of the Department of Health established the surveillance system for Patients Under Investigation (PUI) for the 2019 Novel Coronavirus (2019-nCoV). The Philippines has recorded confirmed cases of COVID-19.

On January 30, 2020, the World Health Organization (WHO) declared the epidemic as a Global Public Health Emergency of International Concern (PHEIC). This declaration called to action for all countries to be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of further spread.

In response to this public health event, the Department of Health deemed it necessary to include the COVID-19 in the list of notifiable diseases in the country. This effort is aimed at protecting the health of the general public. A mandatory reporting of COVID-19 as a health event of public health concern is warranted. This issuance shall serve as a means to institute and ensure efficient and effective disease surveillance measures to the national response. A notification process for COVID-19 shall be established under the Severe Acute Respiratory Infection (SARI) surveillance system. The information generated by this system shall be the basis for the development of prevention and control strategies.

II. OBJECTIVES

This Order shall guide the implementation of the timely mandatory reporting of COVID-19 cases as health events of public health concern to the Department of Health.

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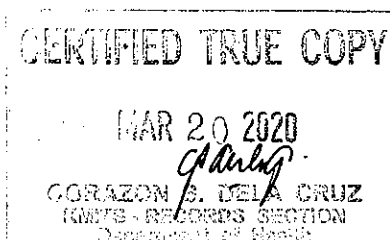
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 MAR 20 2020
 CHARLES S. BELLA CRUZ
 PUBLIC AFFAIRS SECTION
 Department of Health

III. SCOPE AND COVERAGE

This Order shall cover all individuals, health facilities and offices (public and private), civil society organizations, professional/medical/paramedical societies, and international organizations/donors/partners involved in disease surveillance; mandatory reporting of notifiable diseases; health events of public health concern; and, the implementation of these guidelines.

IV. DEFINITION OF TERMS

- A. Communicable disease** – an illness due to infectious agents or its toxic products, which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod or through the agent or an intermediate host, vector, or the environment.
- B. Disease** – an illness due to a specific toxic substance, occupational exposure or infectious agent, which affect a susceptible individual, either directly or indirectly, as from an infected animal or person, or indirectly through an intermediate host, vector or the environment.
- C. Emerging infectious diseases** - are those that (1) have not occurred in humans before; (2) have occurred previously but affected only small number of people in isolated places; or (3) have occurred throughout human history but have only recently been recognized as a distinct disease due to an infectious agent.
- D. Health Event** – a health occurrence or incident that may be of potential risk to public health.
- E. Infectious Disease** – a clinically-manifest disease in humans or animals resulting from infection.
- F. Notifiable Disease** – any disease that is required by law to be reported to the public health authority when the diagnosis is made and other diseases and conditions that satisfies the criteria established by the DOH to be reportable.
- G. Public Health Authority** – the Department of Health (specifically the Epidemiology Bureau, Disease Prevention and Control Bureau, Bureau of Quarantine, Food and Drug Administration, Regional Offices of DOH, Regional Epidemiology and Surveillance Units (RESU), local health offices (provincial, city, or municipality), or any person directly authorized to act on behalf of the Department of Health or the local health office.
- H. Public Health Threat** – any situation or factor that may represent a danger to health of the people.
- I. Re-emerging infectious diseases** are diseases that once were major health problems in the country and then declined dramatically but are once again becoming health problems for a significant proportion of the population.



J. Surveillance – the on-going systematic collection, analysis and interpretation of outcome-specific data for use in the planning, implementation and evaluation of public health practice, which includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.

V. GENERAL GUIDELINES

- A. Coronavirus Disease 2019 (COVID-19) shall be included among the notifiable diseases to be mandatorily reported to public health authorities through a defined surveillance system.
- B. Case definitions shall be used to ensure proper classification and appropriate management of individuals.
- C. Contact tracing shall be immediately implemented once a confirmed COVID-19 case is reported
- D. Data generated from the reporting of COVID-19 shall inform the Department of Health in instituting evidence-based decision-making, enhancement of program for emerging and re-emerging infectious diseases, and policy development.

VI. SPECIFIC GUIDELINES

A. COVID-19 Surveillance System

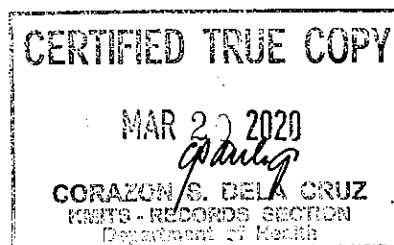
1. **Case definitions** for reporting shall be based on the current data available and shall be updated as new information accumulates.

a. **Person under Monitoring (PUM)** is a person who is asymptomatic with any of the following:

- i. Travel history in the last 14 days to countries with local transmission and high risk of importation of COVID-19; or
- ii. History of exposure to a known confirmed COVID-19 case within 14 days.
History of exposure means:
 - 1. Providing direct care without proper PPE to confirmed COVID-19;
 - 2. Staying in the same close environment (including workplace, classroom, household, gatherings);
 - 3. Travelling together in close proximity (1 meter or 3 feet) in any kind of conveyance.

b. **Patient under Investigation (PUI)** is a patient:

- i. who has fever and/or respiratory illness (e.g. cough or shortness of breath) and/or diarrhea, with any of the following:
 - 1. Travel history in the last 14 days to countries with local transmission of COVID-19; or
 - 2. Has exposure from a known confirmed COVID-19 case; OR
- ii. With severe acute respiratory infection or atypical pneumonia AND requiring hospitalization AND with no other etiology to fully explain the clinical presentation, regardless of exposure history; OR
- iii. With severe acute respiratory infection or atypical pneumonia AND residing or working where there is clustering of influenza-like illness (ILI) cases.



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- c. A case of COVID-19 is a patient under investigation (PUI) with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

2. Detection of PUM, PUI, and confirmed COVID-19 cases

a. Ports of Entry

Officials of points of entry shall ensure proper examination and investigation of documents for history of travel to countries with confirmed COVID-19 cases and implement mandated travel restrictions and refer individuals requiring further investigation.

The staff of the Bureau of Quarantine shall perform clinical examination of identified and/or referred individuals for appropriate case classification and disposition.

b. Health Facilities

All health facilities shall inquire for travel histories to COVID-19 affected countries among consultations presenting with fever, cough, colds, and other respiratory conditions. For patients with no history of travel or exposure but presenting with severe acute respiratory infection or atypical pneumonia shall be treated with high index of suspicion. They shall be guided by the set case definitions for the proper classification of these consultations.

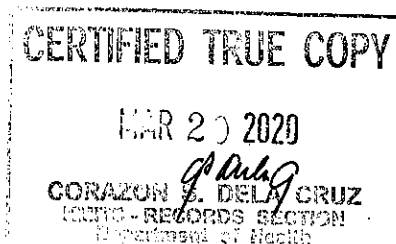
c. Local Health Office

All Local Health Offices shall ensure proper coordination with the public and private facilities including civil society organizations, professional societies, and academic institutions in the community on raising community awareness on COVID-19. The officials of these offices and institutions shall implement the following activities:

- i. To heighten awareness among facilities and areas under their jurisdiction and the community in the identification and appropriate referral of residents, employees, students, and other individuals who may be classified as PUM and PUI;
- ii. To activate and supervise the Barangay Health Emergency Response Teams (BHERTS) in monitoring of PUMs on home quarantine; and
- iii. To coordinate International Organizations and Partners involved in disease surveillance.

3. Reporting of PUM, PUI, and COVID-19 cases to the DOH Surveillance System:

- a. Health authorities from the government and private health facilities shall report PUM, PUI, and confirmed cases of COVID-19 within 24 hours of identification. Data that will be collected shall consist of, but not limited to:
 - i. Name of Person
 - ii. Age
 - iii. Sex
 - iv. Civil Status

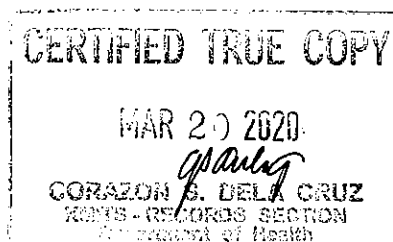


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- v. Last Menstrual Period (for woman of reproductive age)
 - vi. Contact Details
 - vii. Postal and e-mail address
 - viii. Mobile and landline phone number
 - ix. History of Travel
 - 1. Date of travel from country/ies visited
 - 2. Country/ies visited
 - 3. Date of arrival in the Philippines
 - x. History of Illness
 - 1. Date of onset of Illness
 - 2. Signs and Symptoms of Illness
 - 3. Date of consultation/admission
- b. This information shall be reported using a reporting template to their respective epidemiology and surveillance units (ESUs). The laboratory reporting of cases and corresponding results shall be developed by RITM, in coordination with EB.
- c. The reporting facility shall notify the concerned RESU within 24 hours of identification of a PUI or PUM. The RESU shall in turn notify the EB immediately. However, upon detection of a confirmed COVID-19 case, the reporting unit shall notify the RESU and EB immediately.
- d. The laboratory process, including request forms and guidelines for specimen collection, storage, and transport, and reporting of results shall be developed by RITM, in coordination with EB.
- e. Recording and reporting forms and a database management system to ensure faster and easier encoding, submission, and analysis shall be identified or developed by EB. A unique identifier or identification number (IDNUM) will be assigned by the reporting unit to all PUIs seen and reported in the health facility. The IDNUM shall be the reference number of the PUI to be used by both EB and RITM in recording the data of the PUI in a reporting software.

4. Epidemiologic Investigation by Disease Surveillance Officers

- a. Investigation of detected and/or reported PUM, PUI, and confirmed COVID-19 cases shall be undertaken by disease surveillance officers. The investigation shall include, but is not limited to the following: review of medical records, case interview, and laboratory sample collection and its results.
- b. Officials and staff of health facilities and concerned institutions shall comply to the request for access to patient and laboratory records for the purpose of this epidemiologic investigation
- c. Other documents and access may be required in conducting investigation and tracing of contacts of a confirmed case. These may include:
 - i. flight, sea vessel, and land transport service manifests and records, including passenger contact information
 - ii. access to records and close circuit television recording in accommodations, facilities, vehicles, and
 - iii. other venues and transport services used by a confirmed case.




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VII. REPEALING CLAUSE

Provisions of previous Orders and other related issuances inconsistent or contrary with the provisions of this Administrative Order are hereby revised, modified, repealed or rescinded accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

VIII. EFFECTIVITY

This Order shall take effect immediately.


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

