



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

3 February 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0068

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, POPULATION COMMISSION 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 OTHERS CONCERNED

SUBJECT: Interim Guidelines on Contact Tracing for Confirmed 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Cases

I. BACKGROUND

After a cluster of pneumonia cases of unknown etiology was reported in Wuhan City, Hubei Province of China last December 31, 2019, Chinese health authorities preliminarily identified the cause of this viral pneumonia as a new or novel type of coronavirus (2019-nCoV).

With an increasing number of cases spreading to various territories and confirmed human-to-human transmission, the World Health Organization declared the outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020.

The Department of Health (DOH) hereby issues interim guidelines on contact tracing to control and limit the spread of the 2019-nCoV ARD.

II. DEFINITION OF TERMS

As used in this Department Memorandum, the following terms shall mean:

1. **Contact tracing** – the identification, listing and follow-up of persons who may have come into contact with an infected person. Contact tracing plays an important role in containing outbreaks of infectious diseases. The main purposes of contact tracing are to: (1) confirm diagnosis, (2) determine the extent of secondary transmission and (3) identify appropriate control measures for the specific disease.

CERTIFIED TRUE COPY

FEB 07 2020

CORAZON S. DELA CRUZ
KMTS - RECORDS SECTION
Department of Health

2. **Close contact** – a person who may have come into contact with an infected person. Close contacts are categorized into four categories. Offices directly responsible for tracing of each contact categories are prescribed in *Annex A*.
3. **Person Under Investigation (PUI)** – refers to any person, regardless of nationality, race and age, who exhibits fever and/or cough, and has at least one of the following: (1) history of travel to China 14 days prior to onset of symptoms, and (2) has a history of exposure 14 days prior to onset of symptoms, and shall be referred to hospital quarantine.
4. **Person Under Monitoring for Facility Quarantine (PUM-F)** - refers to any person, regardless of nationality, race and age, who does not exhibit any sign nor symptom, but has a history of travel to Hubei, China and/or has a history of exposure, and shall be referred to facility quarantine.
5. **Person Under Monitoring for Home Quarantine (PUM-H)** - refers to any person, regardless of nationality, race and age, who does not exhibit any sign nor symptom, has history of travel to other areas of China and/or history of exposure, and shall be referred to home quarantine.

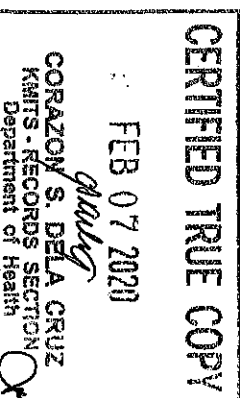
III. GUIDELINES

A. Initiation of Contact Tracing

1. Contact tracing shall be one of the major strategies to contain the outbreak in the early stage where epidemiological evidence shows first and second generation transmission of 2019-nCoV ARD.
2. Contact tracing and monitoring shall be considered only for the initial cases found at the start of the outbreak. Contact tracing shall focus on the subset of the population most likely to be at risk of infections and in the network of transmission routes.
3. Contact tracing for the first 100 confirmed cases in the country shall be mandatory to contain and limit the spread of infection.

B. Identification of Close Contacts

1. All close contacts shall be identified. The Regional Epidemiology and Surveillance Unit (RESU) and Epidemiology Bureau (EB) shall lead in the identification of close contacts, in coordination with the designated/concerned local epidemiology and surveillance unit (LESU).
2. The Bureau of Quarantine (BOQ) shall immediately provide the concerned RESU and the EB with the manifest and other pertinent identification documents on close contacts under categories A and B. The RESU shall coordinate with the concerned transport service company for contact details of the passengers and crew. Information about close contacts can also be obtained from interviews of the patient, family members, workplace or school associates, or others with knowledge about the case's recent activities and travels.
3. The EB shall inform the Bureau of International Health Cooperation (BIHC) of foreign nationals identified as close contacts.
4. The RESU and LESU shall properly coordinate with concerned government and private officials and personnel for initiation of contact tracing
5. In the event that a close contact cannot be contacted through phone, EB shall coordinate with Crime Investigation and Detection Group (CIDG) of the Philippine National Police for assistance.



C. Management

1. All close contacts that do not exhibit signs and symptoms upon screening shall be classified as PUM-Hs and should undergo home-based quarantine for monitoring for at least 14 days from date of last exposure. They shall have their temperature taken and checked for cough, sore throat and other symptoms of respiratory illnesses at least twice daily by the LESU and/or RESU staff. They shall also be observed for the development of fever and/or respiratory illnesses.
 - a) Any close contact that develops fever and/or respiratory illnesses during the 14-day observation period shall be re-classified as a PUI by the LESU and should be reported IMMEDIATELY to the City or Municipal Health Office (CHO/MHO) where the patient resides.
 - b) The CHO/MHO shall immediately notify the RESU.
 - c) The CHO/MHO shall notify the designated health facility of the arrival of the PUI. They shall also arrange for the immediate and appropriate transport of said close contact to the designated referral facility.
2. All close contacts that exhibit fever and/or respiratory illnesses upon screening shall be re-classified by the LESU as PUIs and should be IMMEDIATELY reported to the CHO or MHO.
 - a) The CHO/MHO shall immediately notify the RESU.
 - b) The CHO/MHO shall notify the designated health facility of the arrival of the PUI. They shall also arrange for the immediate and appropriate transport of said close contact to the designated referral facility.

D. Recording and Reporting

1. All close contacts should be listed in the Close Contact Line List Form. (*See Annex B*).
2. Each close contact shall have an individual Signs and Symptoms Log Form for monitoring. Daily monitoring data shall be logged in the Signs and Symptoms Log Form. (*See Annex C*).
3. This line list and log form shall be updated daily and submitted to the EB for consolidation by 10:00 AM.

E. Termination of Contact Tracing

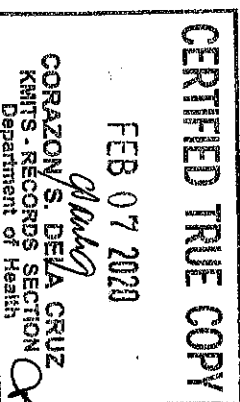
Once there is evidence of sustained community transmission (3rd or higher generation transmission) in a particular area, contact tracing efforts will provide little benefit in controlling disease spread and should be terminated. At this point, the use of broad community containment measures (e.g. social distancing, school closures) which require fewer resources will provide the most benefit in controlling the spread.

IV. ROLES AND RESPONSIBILITIES OF OFFICES

A. The EB shall:

1. Provide technical supervision on the joint contact identification activity by the RESU and designated/concerned LESU.
2. Inform the BIHC of foreign nationals identified as close contacts.
3. Facilitate data sharing and consolidation with the CIDG at 5PM daily and hold coordination meetings the next morning for updating and progress reporting.

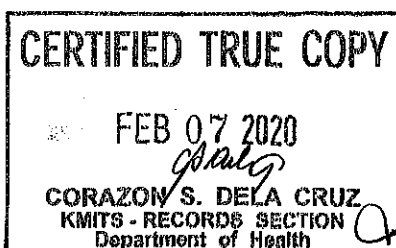
B. The BOQ shall immediately retrieve the manifest, contact information, and other pertinent identification documents on close contacts under categories A and B, from




travel service companies. Upon retrieval, BOQ shall immediately provide the concerned RESU and the EB with said documents.

- C. The RESU shall coordinate with BOQ for contact details of the passengers and crew and lead in the identification of close contacts. The RESU, along with the LESU, shall properly coordinate with concerned government and private officials and personnel for initiation of contact tracing. This joint contact identification activity shall be under the technical supervision of the EB.
- D. The LESU shall
1. Conduct joint contact identification activity with RESU staff under the technical supervision of the EB. Upon screening a close contact, the LESU shall re-classify the close contact as a PUM-H and treat them accordingly.
 2. Monitor PUM-Hs under Home-based Quarantine every day, measuring their temperature and checking for cough, sore throat and symptoms of other respiratory illnesses at least twice a day, as well as observing for the development of other signs and symptoms.
 3. Re-classify a PUM-H into a PUI when fever and/or cough develop
 4. Coordinate with the CHO/MHO for the immediate and appropriate transport of the PUI to the designated health facility, in the event that a PUM-H develops into a PUI
- E. The CHO/MHO shall report to the RESU, notify the designated health facility of the arrival of the PUI, and coordinate for the immediate and appropriate transport of the PUI to the designated health facility, in the event that a PUM-H develops into a PUI
- F. Travel Service Companies, including airline, shipping, freighting and other transport companies, shall submit the manifest and contact information of passengers and crew to the BOQ immediately upon request.
- G. The CIDG shall
1. Assign police officers for the purpose of contacting the close contacts via telephone;
 2. Coordinate with travel service companies to retrieve their addresses for a possible home visit, in the event that a close contact cannot be contacted through a phone call;
 3. Coordinate with the Cybercrime Investigating and Coordinating Center (CICC) and the National Telecommunications Commission (NTC) for close contacts that cannot be located; and
 4. Facilitate data sharing and consolidation with EB at 5PM every day and hold coordination meetings the next morning for updating and progress reporting.
- H. The BIHC shall coordinate with foreign embassies of the foreign nationals identified as close contacts for updates on the status of their stay in the country.

For strict compliance of all concerned.




FRANCISCO T. DE QUE III, MD, MSc
Secretary of Health

Annex A. Close Contact Categories

A. CLOSE CONTACT CATEGORIES, DEFINITIONS, AND OFFICES RESPONSIBLE FOR TRACING

CATEGORY	DEFINITION	OFFICES RESPONSIBLE
Category A	These are passengers and crew (pilot, captain, driver, conductor, flight attendants, and other staff who serviced the vessel) of a flight or sea vessel, bus, train, or other transportation/vehicle where a confirmed case who is still in the Philippines rode/used	BOQ EB BIHC RESU LESU
Category B	These are passengers and crew (pilot, captain, driver, conductor, flight attendants, and other staff who serviced the vessel) of a flight or sea vessel, bus, train, or other transportation/vehicle where a confirmed case who had already left the Philippines for another country rode/used	BOQ EB BIHC RESU LESU
Category C	These are persons who have had exposure when they lived with, worked with, or cared for a confirmed case	RESU LESU Hospitals
Category D	These are persons who were a passenger or crew of same vehicle/vessel as, lived with, worked with, or cared for a patient under investigation (PUI) or person under monitoring (PUM) who died during their 14-day monitoring period	RESU LESU Hospitals

B. CLOSE CONTACTS CLASSIFIED INTO PUIs and PUMs

CLASSIFICATION	CATEGORY
Person Under Investigation (PUI)	Category A, B, C or D with signs and symptoms (i.e., Fever $\geq 38^{\circ}\text{C}$, cough and/or colds)
Person Under Monitoring (PUM-H)	Category A, B, C or D without signs and symptoms
Confirmed Case (CC)	Category A, B, C or D with laboratory confirmation of infection with 2019-nCoV ARD

