



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

08 May 2020

DEPARTMENT MEMORANDUM

No. 2020- 0227

**TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES;
DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT;
MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS
REGION IN MUSLIM MINDANAO**

**SUBJECT : Intensification of Case Investigation, Contact Tracing, Reporting
and Deployment of COVID-19 Special Team/s for Urgent Response
to Stop COVID-19 Transmission**

Coronavirus Disease 2019 (COVID-19) was first identified last December 2019 as a cluster of pneumonia cases of unknown etiology. On 30 January 2020, the World Health Organization declared the COVID-19 outbreak as a Public Health Emergency of International Concern and eventually as a Global Pandemic by 11 March 2020.

The Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) National Action Plan with strategies “Detect, Isolate, and Treat” shall form the backbone of response to the COVID-19 outbreak. To ensure enhanced detection and isolation of cases at first detection or increase of cases in particular areas, formation of COVID-19 Special Team under the Regional Task Force was approved by the task force on 11 May 2020 resolution.

As a contingency to the occurrence of cases in high risk areas, it is necessary to implement the following emergency measures:

A. Creation of COVID-19 Special Teams

1. The main purpose of the team is to support the Provincial, City, and Municipal Local Government Units and its Provincial/City/Municipal Health Offices to provide immediate and effective intervention to prevent and halt acceleration and hasten deceleration of COVID-19 transmission.
2. At least one (1) COVID-19 Special Team shall be established for every Regional Task Force. The team shall be under the guidance of the Department of Health (DOH) Centers for Health Development (CHD) as chair, regional Department of Interior and Local Government (DILG), with the assistance of the Philippine National Police (PNP) and the Armed Forces of the Philippines (AFP). They shall be composed of:
 - a. The Regional Epidemiology and Surveillance Unit (RESU) head;
 - b. At least one (1) technical program staff preferably the Emerging and Re-emerging Infectious Disease Program Coordinator;
 - c. At least one (1) Center for Health Development (CHD) staff trained in contact tracing

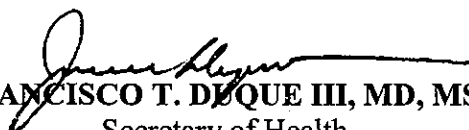
- d. At least one (1) Regional DILG Officer who will coordinate with the concerned local chief executive
 - e. At least one (1) Regional PNP Personnel and at least one (1) Regional AFP Personnel who will facilitate in locating the identified cases and close contacts and ensure security of the team
 3. The team shall investigate and identify underlying reasons for the outbreaks and increase in cases, as well as provide recommendations and support to Local Government Units (LGU) with high risk areas based on investigation, including provision of additional staff, technical assistance, and other necessary resources (*See Annex A*). Particularly, the Special Teams shall oversee the implementation of the following:
 - d. Intensive investigation of the source and cause of the outbreak,
 - e. Intensified and rigorous contact tracing, immediate isolation of suspect, probable and confirmed cases, and quarantine of close contacts,
 - f. Strict community quarantine and restriction of areas and settings where clustering and increase of cases are occurring, and
 - g. Recommend actions to be taken by the concerned LGU.
- B. The COVID-19 Special Team shall provide weekly reports and updates on the implementation of their tasks to the Regional Task Force, National Task Force, and Department of Health, through the Field Implementation and Coordination Team and Epidemiology Bureau. They shall continuously monitor the situation and actions taken by LGUs in the identified high-risk areas and lead in the dissemination of policies, development of plans to operationalize the guidelines, and enforcement of recommended actions. Furthermore, they shall develop a list of areas with high population densities based on the Demographic Vulnerabilities Survey of the Commission on Population and Development, and closely and proactively monitor these areas, including informal settlements, confined spaces like prisons and detention facilities, orphanages, nursing homes, swabbing centers and hospitals, among others. They shall also monitor actions to prevent potential infection from imported cases (e.g. returning Overseas Filipinos, traders, etc.). They shall provide feedback to the provincial, city, and municipal LGU and supervise and monitor plans and actions through their local counterparts, especially through the DOH Development Management Officers.
- C. As guided by DM 2020-0189 “Updated Guidelines on Contact Tracing of Close Contacts of Confirmed COVID-19 Cases”, contact tracing shall be intensified across the country and LGUs are called to immediately implement the DOH-DILG-DICT-NEDA Joint Memorandum on the Organization and Mobilization of Composite Teams in Local Government Units for Community Mitigation of COVID-19.
 1. All disease reporting units (DRUs), LGUs, TTMF, and public and private institutions that are providing testing for COVID-19 are mandated to complete the Case Investigation Form (CIF) and ensure that all information required are fully complied with.
 2. The CIF for all **suspect, probable, and confirmed cases** shall be transmitted within two hours upon admission or consultation of the patient or upon swabbing, to the respective local epidemiology and surveillance unit, Regional Epidemiology and Surveillance Unit (RESU) and Epidemiology Bureau (EB) of the Department of Health.

3. The areas, settings and events where the suspect, probable and confirmed cases attended or visited shall be listed accordingly. Attendees in these events shall be included in contact tracing.
4. Upon receipt of the CIF, the concerned City or Municipal Epidemiology and Surveillance Unit (C/MESU), or Provincial Epidemiology and Surveillance Unit, shall immediately inform the BHERTs to immediately commence contact tracing and coordinate the referral for isolation of suspect, probable and confirmed cases and referral for quarantine of close contacts in accordance with Department Memorandum No. 2020-0189.

D. Identification, monitoring and regulation of areas and settings where transmissions are occurring and amplified

1. The PESU and C/MESUs shall investigate high risk places, settings or events where outbreaks or clustering may have occurred or amplified, and inform concerned Local Chief Executives and RESUs;
2. The LGU shall inform the public of such places, settings and events and advise to close, stop or restrict access to such areas

For strict compliance.


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

Annex A. COVID-19 Special Team Guide to COVID-19 Response Monitoring

1. Identify areas with:
 - a. Shortened (especially those with CDT <7 days) or same case doubling time (CDT) as previous week
 - b. Highest number of new cases
 - c. Closed settings with at least one COVID-19 case
 - d. Barangay and closed settings with clustering (2 or more households with a confirmed case in a barangay over the past 2 weeks)
 - e. Poorly performing disease surveillance system (reports are not complete or submitted timely using EB Information System)
 - f. Low contact tracing performance (<50% cases where contact tracing done, <50% close contacts identified who were assessed)
 - g. Limited health capacity standards:
 - i. Testing capacity
 - ii. Isolation capacity
2. For areas with shortened or same (CDT), highest number of new cases, closed settings with an identified case, and/or clustering in communities and closed settings to identify the:
 - a. Source of the infection/new infection
 - b. Reasons for the clustering and/or increase in cases (check infection prevention and control measures, case detection and contact tracing activities and progress, isolation and quarantine measures)
3. Identify reasons for poor performance of disease surveillance as to:
 - a. Number of trained surveillance and data management staff
 - b. Installation of EB COVID-19 information system
4. Identify reasons for low contact tracing performance as to:
 - a. Number of trained contact tracers
 - b. Reporting of contact tracing data using the EB COVID-19 Information System
5. Assess testing capacity as to:
 - a. Availability of sample collection kits
 - b. Staff trained on specimen collection
 - c. Laboratory referral network and their testing capacity
6. Assess isolation capacity as to:
 - a. Availability and adequacy of temporary treatment and monitoring facilities (TTMF)
 - b. Availability and adequacy of TTMF staff
 - c. Strict implementation of quarantine and isolation protocols using the DOH and DILG Joint Administrative Order
7. Monitor these areas and the implementation of response activities
 - a. No change or shortened CDT
 - b. Further increase of cases
 - c. Further increase of number and size of clusters
 - d. Poor performance of disease surveillance
 - e. Poor performance of contact tracing
 - f. Further/Additional bottlenecks and issues as to disease surveillance and contact tracing
8. Disseminate COVID-19 related policies and lead in the development of plans of action
9. Strengthen intra- and inter-agency coordination and information sharing