



DESKGUIDE FOR BARANGAY HEALTH WORKERS IN THE CONTEXT OF COVID-19

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ABOUT

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**WE ARE A MULTI-
DISCIPLINARY AND
INTERNATIONAL TEAM
FROM CANADA, UK &
THE PHILIPPINES**

KEY MESSAGES FOR COVID-19

What is the COVID-19?

COVID-19 is a respiratory infection caused by a new virus. It is similar to the SARS virus of the 2003 epidemic.

What are clinical features of COVID-19?

Common symptoms of COVID-19 are:

- **Fever:** does not present in all people when infected, but may feel hot/cold 'chills' early on in the illness, and/or
- **Cough:** usually a dry cough, often with a sore throat; or existing cough may worsen
- **Loss of taste or smell**
- **Shortness of breath/difficulty breathing:** occurs in 1 of 5 people about a week after falling ill; if worsens, may need oxygen

As well as other common flu-like symptoms:

- Headache,
- Tiredness

If fever or cough and any other of these other symptoms are present, advise for both possible COVID-19 AND the possible common fever or cough-illness e.g. malaria, dengue, a cough/cold virus or bronchitis. Even if a COVID-19 test is available, it may take several days to get results.

Anyone can catch the disease if they come in contact.

- Those younger in age often present few or no symptoms.
- Middle-aged adults, if normally healthy, get mild-moderate illness but some get more ill.
- Older-aged adults, especially if they have a chronic illness, often get more ill.

From infection to feeling ill, the incubation period is usually 4-6 days (but can be 2, or up to 14).

If a person gets more ill, it is usually towards the end of week 1 or early week 2 after symptom onset.

- 1 in 5 people need a hospital bed with oxygen, and 1 in 20 need intensive/ventilator care
- Those with high blood pressure or diabetes, heart or blood vessel disease, are at high risk of severe illness.

What treatment do I give?

COVID-19 vaccination is on-going - you should counsel people on the benefits - see below. No curative treatment for 2019-nCoV infection is currently available

- If mild symptoms: extra fluids, Paracetamol and 10-day home isolation in week one.
- If high fever or head or muscle aches: Paracetamol (every 4hrs, 6/day max).
- If signs of pneumonia (difficulty breathing or high breathing rate): refer to RHU or Hospital for an antibiotic, etc.
- If increased difficulty breathing, (breathing rate > 20 breaths/minute): send urgently to hospital for oxygen.

How to limit transmission?

- COVID-19 spreads through droplets from coughs, sneezes, and talking; droplets from coughs can reach 2 meters. Touching surfaces contaminated with droplets of the virus, e.g. doorknobs and handrails, and then touching the eyes, nose, or mouth can lead to spread of the virus.
- To limit transmission, get your COVID-19 vaccine. Frequently wash hands with soap and water and keep 1 meter (3.3 feet) from people at all times and meet outdoors in well ventilated place.

HOME QUARANTINE/ ISOLATION

Who needs to home quarantine?

People with symptoms that may be COVID-19 and “close contacts” (someone who has been face to face within 1 meter of a probable or confirmed COVID-19 suspect for more than 15 minutes or someone who has had direct physical contact with or directly cared for a probable or confirmed COVID-19 case without PPE.)

Mild or moderate COVID-19 suspects will be asked to quarantine at home, along with close family members or contacts, and receive treatment suggested by a doctor or nurse. Symptoms should be monitored daily during this time, as they could worsen and may require a hospital visit, especially for increased shortness of breath.

Home quarantining requires **10 days**. If home quarantine is difficult for any of the reasons below, refer them to the nearest **LIGTAS COVID-19 Center** for quarantining:

- Living with a vulnerable person (with chronic illnesses or >60y/o);
- No separate bedroom or beds not separated by 1 meter isolation radius in home;
- Not well ventilated.

Your LIGTAS Center:

My role in home quarantine?

Inform patients that while they may mild symptoms during the first week, they could get very ill with increased difficulty breathing and need to go urgently to the hospital (or other designated unit) for close monitoring and oxygen.

A COVID-19 suspect may be referred to you by his/her doctor or nurse. They may bring a patient card to you for registration (see example below). Keep a copy for reference, and follow written instructions, similar to the following:

- Follow up daily by phone with those who are in quarantine including both COVID-19 suspects and their household members/close contacts.
- Visit the home only if they have no phone access or if you need to see them in person to measure their breathing rate, reinforce advice on home isolation or give psychological support
- Fill out a Case Identification Form (see Annex A) for the close contacts who have symptoms.
- Make a note each day, e.g. enter into an Excel sheet for electronic record every day and send to the ICM team weekly (if applicable).
- Forward a daily report to the Municipality/City Epidemiology and Surveillance Units.

If either of the following happens:

1. Household members or close contacts of the COVID-19 suspect also develop any symptoms, including: fever, cough or other respiratory symptoms; or
2. The COVID-19 suspect gets more ill [either breathing rate > 20/min (urgently if is > 25/min), heart rate > 110 or temp > 38°C (despite Paracetamol)],

Write the details – if you have a patient card, fill out the second part of the patient card – and ask them to go back to the clinic/doctor. **If the patient is experiencing difficulty breathing, urgently refer them to the nearest hospital.** Consult the doctor.

Patient Card	
Patient record (filled out by the doctor/nurse in the health facility)	
Patient name	
Diagnosis	
Date of diagnosis	
Patient address	
Contact number	
Treatment	
Doctor's name	
Doctor's institution	
Doctor's contact number	
Follow-up notes (filled out by a barangay health worker)	
Name of health worker	
Contact number	
Follow-up notes (Symptom monitoring)	<ul style="list-style-type: none"> • Family member had flu-like symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No • COVID-19 suspect got worse? <input type="checkbox"/> Yes <input type="checkbox"/> No Breathing rate: Heart rate: Temperature:
Follow-up results (multiple-choice)	<input type="checkbox"/> Diagnosed as COVID-19 <input type="checkbox"/> Hospitalized <input type="checkbox"/> Cured <input type="checkbox"/> Dead
Instructions for barangay health worker: Please follow up every day by phone with the COVID-19 suspect and household members living with the patient (or if at the door, then 2 meters apart). IF 1) a household member living with the COVID-19 suspect develops any symptoms, including fever, shortness of breath, cough or other respiratory symptoms; or 2) the COVID-19 suspect's health has worsened, fill out the second part of this card, and ask the patient to bring this to the nearest hospital.	

My role in contact tracing?

Contact tracing should be initiated after case investigation of every reported confirmed COVID-19 cases and suspected COVID-19 cases pending confirmatory testing/PCR results. It entails:

1. Identify settings where contacts have visited or social interactions where the contacts have been exposed
2. Identify all social familial, work and healthcare worker contacts who had contact with a confirmed/suspected case from 2 days before symptom onset of (use date of sample collection for asymptomatic cases as basis) until the time that said case test negative on laboratory confirmation
3. Fill out the "COVID-19 Case Investigation Form" (see Annex A)
4. Create a "line list of close contacts" (see Annex B), including demographic information and geographic information at barangay and sitio levels, date of first and last exposure or date of contact with confirmed or probable cases and for symptomatic close contacts, date of onset of fever, respiratory symptoms or other significant signs and symptoms
5. Forward "line list of close contacts" to local contact tracing teams (LCTT)



ADVICE FOR PEOPLE WITH POSSIBLE COVID AND CLOSE CONTACTS?

Provide the following list of advice to people who are suspected of COVID-19 and their household members or other close contacts.

1. If you have the symptoms, it could be COVID-19 but it could also be a common illness.
 - Focus on symptom treatment and relief. Keep hydrated.
2. Monitor symptoms.
 - If symptoms get worse (especially difficulty in breathing) or appear in household members, immediately contact me.
3. Keep a distance from others
 - Stay in a specific room and away from other people in your home. Maintain distance of at least 1 meter. If available, use a separate bathroom
 - Advise for others in the house to keep a distance and frequently wash hands with soap and water to stay safe from infection.
4. Advise COVID-19 vaccinations as soon as possible but full protection takes 2 weeks after the second dose
5. Wear a mask when you are around other people and before entering a clinic
 - If you are unable to wear one, then other family or household members should wear one when they enter your room
6. Frequently wash hands with soap and water for at least 40 seconds or, if soap and water are not available, clean your hands with a 70% alcohol-based hand sanitizer.
 - Wash often and especially after touching surfaces.
 - Avoid touching your face, mouth and eyes
7. Avoid going to public areas
 - Do not go to work, school, or public areas
 - If you are infected, you could transmit infection to others
8. Avoid visitors or carers into the house
 - You could pass infection unknowingly
 - Support staff like maids, drivers, etc. should be asked to stay away
9. Protective Hygiene
 - Avoid sharing household items like cups, glasses, dishes, utensils, towels, bedding. Throw used tissues in a lined closed trash can.
 - Washing machine: use detergent/soap and warm water, as usual, and dry in the sun
 - Wash and disinfect linen: Soak in hot water and soap in a large drum, stir with a stick, avoiding splashing (best add 0.05% chlorine for about 30 minutes); dry in sun
 - Place all used tissues, disposable gloves, facemasks and other contaminated items in a lined container and dispose in the trash with other household waste.
10. Clean and disinfect all “high-touch” surfaces, such as counters, table-tops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.
 - Also, clean any surfaces that may have blood, stool, or body fluids on them

HOW TO SUPPORT AND REDUCE STIGMA?

As a major support to people when they suffer from anxieties, stigma and/or discrimination, you can help people overcome their anxieties and build a supportive environment. Model and advise others to:

1. Use terms like “people ill with ‘possible’ COVID-19” instead of “COVID-19 cases”, “victims” or “suspects” – even when it may be the official terminology in your contact listing formats.
2. Minimize watching, reading or listening to news that cause them to feel anxious or distressed.
3. Do relaxing activities like indoor games, reading, gardening, home-cleaning, etc.
4. Engage community influencers to build support by talking to people within their circle of influence.
 - Identify influencers
 - Share correct information on COVID-19 with them
 - Brief them on specific support you require of them.
5. To emphasize that most people do recover from COVID-19, and amplify the good news about local people
 - Who have recovered from COVID-19
 - Who have supported a loved one through recovery

ADVICE ON VACCINATION AND NEW VARIANTS

Why is vaccination important?

1. Vaccines include a small part of the virus, and so the body makes antibodies which protect against the virus.
2. Antibodies will protect you when infected with the actual disease-causing virus.
3. COVID-19 vaccination greatly reduces the risk of getting COVID-19; and for the few who do, they will be less ill.
4. Vaccines are near 100% effective in stopping severe disease and its longer-term complications.
5. Explain the benefits of vaccination and counter anti-vaccine myths seen on social media.
6. New information comes out frequently, so see answers to frequently asked questions on:
<https://doh.gov.ph/faqs/vaccines>

What is the safety and efficacy of COVID-19 vaccinations?

All COVID-19 vaccines are effective and safe.

All the vaccines available are effective (Pfizer, Moderna, AstraZeneca ‘Coronavac/ Sinovac etc.) so that 4 in 5 people are fully protected, and the other 1 in 5 may if infected will be much less ill. 2 doses of vaccine protect against the new Delta variant (first identified in India). All vaccines have close to 100% effectiveness against severe COVID-19 and its complications.

Vaccines can cause side effects in some people. As with other vaccinations, most of these are mild and short-term, usually 1-2 days after the vaccine.

- Fatigue
- Low-grade fevers and chills
- Pain surrounding the injection site
- Headache
- General aches and/or myalgias
- Diarrhea

Tell your patients that they may get these symptoms, of their immune system working - but also not to worry if they don't get these side effects, it is still working (as people responds differently).

Less common side effects include severe allergic reactions with swelling of the face or tongue, and needs urgent treatment, but is **extremely rare**. Blood clots and other severe illness is much more common with the COVID-19 illness, so vaccines reduce the risk.

Anti-vaccination myths and why they are incorrect

It is important to correct myths around the COVID-19 vaccinations as follows:

- You can't catch COVID-19 from the vaccine! None of the COVID-19 vaccines contain a live virus. But it takes 2 weeks after the first vaccination to be protected. Continue to practice hand hygiene and social distancing during this period. It is possible a person could be infected with COVID-19 just before or after vaccination and still get sick.
- The COVID-19 vaccines will not alter your DNA. Instead, they work with your body's natural defences to safely protect you from COVID-19.
- The COVID-19 vaccine side effects are mild and last less than a week - the same as for other vaccines you use. serious complications such as blood clots are extremely occur and are much more likely to happen if you catch COVID-19.
- Even If you had COVID-19 before, you still need to be vaccinated, as re-infection is possible due to the new variants of the virus.

Vaccine myths and hesitancy delays vaccination, and non-vaccinated people may get severe prolonged illness, long-term complications, and death as a result.



Special Populations for Vaccination

1. Pregnant women should be vaccinated because COVID-19 they are at higher risk of developing severe COVID-19 disease.
2. People who are older, are overweight, or have chronic diseases (such as high blood pressure, diabetes, liver, kidney or liver disease) are at higher risk of severe disease, and so are a priority for vaccination.
3. Once a patient has recovered from an acute illness such as flu can then have the COVID-19 vaccination. A medical certificate of recovery is not required.

New variants of concern and future 'booster' vaccinations

Viruses multiply in huge numbers during an epidemic and mutate. New variants of the virus are more easily transmitted and cause more severe disease in younger people. The new variants have spread to the Philippines.

The existing vaccines are still effective against these new variants and continue to be modified and tested to ensure effectiveness to new variants of concern. Future booster vaccines may be needed.

Tell people in your community, vaccines are not 100% effective so they should continue social distancing 1 meter apart, mask wearing, avoid indoor gatherings, and frequent hand hygiene.



Summary of BHW Role in the Vaccine Campaign

Educate patients and other people:

- Vaccines are **safe and effective**
- Vaccines prevent serious illness or death from COVID-19.
- Correct any myths or false information about the COVID-19 vaccine.
- Get the first available vaccine
- Continue social distancing, mask wearing and hand hygiene. Meet outdoors in well ventilated places.
- Continue to educate on prevention of other diseases.

ADVICE FOR MENTAL HEALTH

The COVID-19 pandemic poses unique challenges for health-care providers, who may be feeling higher than normal stress and anxiety levels from trying to balance the challenges at work and life at home. These challenges may negatively impact your overall mental health and how you interact with substances like alcohol.

Strategies to help you cope

- **Accept and validate your feelings.** understanding that stress and anxiety are normal during challenging times.
- **Recognize what is within your control** and focus on those factors to try to mitigate the stress.
- **Remember that this is temporary** and will pass.
- **Take care of your health** by eating and sleeping well, exercising and meditating.
- **Make time for yourself** with activities you enjoy that are free from COVID-19-related topics.
- **Stay connected** with family, friends and colleagues while still practising physical distancing.
- **Reach out for help** by talking to your supervisor or seeking professional support.
- **Monitor your substance use** and pay attention to what triggers it.

PROTECT YOURSELF DURING COMMUNITY VISIT

1. Maintain a distance of up to 1 meter (3.3 feet), outside or in a well-ventilated place, when doing your work with people.
2. Use a mask to cover your face. Make sure it is properly worn covering your nose and mouth.
3. Avoid touching your face (eyes, nose, mouth) at all times.
4. Wash your hands with soap and water for 40 secs or use a 70% alcohol-based hand rub.
5. Avoid touching high-touch points like doorknobs and support rails.

Follow current national and local government policies on wearing masks and face shields in public spaces; however, it is advised that all BHWs should wear a mask at all times while on duty.

See instructions below for wearing a mask:

1. Use a mask if:

- a. You develop fever, cough or breathing difficulty
- b. You are visiting a health facility.
- c. You are caring for an ill person and/or entering the room of an infected person.



2. Use a Mask Correctly:

- a. Unfold pleats, facing down, place over nose, mouth and chin.
- b. Fit nose piece over nose-bridge. Tie strings upper string tied - top of head above ears lower string at the back of the neck.
- c. Leave no gaps on either side of the mask, adjust to fit.
- d. Do not pull the mask down or hang it from the neck
- e. Avoid touching the mask while in use.



- ## 3. Replace masks
- with a new clean, dry mask as soon as they become damp/humid. Do not re-use single-use masks.

4. Remove the mask

- a. By using appropriate technique (i.e. do not touch the front but remove the lace from behind)
- b. By first untying the string below and then the string above and handle the mask using the upper strings. Do not touch other surfaces of the mask while removing.



5. Disposing of Mask

After removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water. Discard single-use masks after each use and dispose of them immediately upon removal by soaking in household bleach solution and then throwing in a closed dustbin



ANNEX A: CASE INVESTIGATION FORM (CIF)



Philippine Integrated
Disease Surveillance
and Response

Case Investigation Form Coronavirus Disease (COVID-19) Version 8



- 1) The Case Investigation Form (CIF) is meant to be administered as an interview by a health care worker or any personnel of the DRU. This is not a self-administered questionnaire.
2) Please be advised that DRUs are only allowed to obtain 1 copy of accomplished CIF from a patient.
3) Please fill out all blanks and put a check mark on the appropriate box. Never leave an item blank (write N/A). Items with * are required fields. All dates must be in MM/DD/YYYY format.

Disease Reporting Unit*	DRU Region and Province	PhilHealth No.*
Name of Interviewer	Contact Number of Interviewer	Date of Interview (MM/DD/YYYY)*
Name of Informant (if applicable)	Relationship	Contact Number of Informant
If existing case (check all that apply)*	<input type="checkbox"/> Not applicable (New case)	<input type="checkbox"/> Update outcome
	<input type="checkbox"/> Not applicable (Unknown)	<input type="checkbox"/> Update case classification
	<input type="checkbox"/> Update symptoms	<input type="checkbox"/> Update lab result
	<input type="checkbox"/> Update health status	<input type="checkbox"/> Update chest imaging findings
Type of Client	<input type="checkbox"/> COVID-19 Case (Suspect, Probable, or Confirmed)	<input type="checkbox"/> Close Contact <input type="checkbox"/> For RT-PCR Testing (Not a Case of Close Contact)
Testing Category/Subgroup (Check all that apply, refer to Appendix 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J		

Part 1. Patient Information			
1.1. Patient Profile			
Last Name*	First Name (and Suffix)*	Middle Name*	
Birthdate (MM/DD/YYYY)*	Age*	Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Civil Status	Nationality*		
Occupation	Works in a closed setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
1.2. Current Address in the Philippines and Contact Information* (Provide address of institution if patient lives in closed settings, see 1.5)			
House No./Lot/Bldg.*	Street/Purok/Sitio*	Barangay*	Municipality/City*
Province*	Home Phone No. (& Area Code)	Cellphone No.*	Email Address
1.3. Permanent Address and Contact Information (if different from current address)			
House No./Lot/Bldg.	Street/Purok/Sitio	Barangay	Municipality/City
Province	Home Phone No. (& Area Code)	Cellphone No.	Email Address
1.4. Current Workplace Address and Contact Information			
Lot/Bldg.	Street	Barangay	Municipality/City
Province	Name of Workplace	Phone No./Cellphone No.	Email Address
1.5. Special Population (indicate further details on exposure and travel history in Part 3)			
Health Care Worker*	<input type="checkbox"/> Yes, Name & location of health facility:	<input type="checkbox"/> No	
Returning Overseas Filipino*	<input type="checkbox"/> Yes, Country of origin: _____ and OFW: <input type="checkbox"/> OFW <input type="checkbox"/> Non-OFW	<input type="checkbox"/> No	
Foreign National Traveler*	<input type="checkbox"/> Yes, Country of origin: _____	<input type="checkbox"/> No	
Locally Stranded Individual / APOR / Local Traveler*	<input type="checkbox"/> Yes, City, Municipality, & Province of origin: _____ <input type="checkbox"/> Locally Stranded Individual <input type="checkbox"/> Authorized Person Outside Residence / Local Traveler	<input type="checkbox"/> No	
Lives in Closed Settings*	<input type="checkbox"/> Yes, specify institution type: _____ and name: _____ (e.g. prisons, residential facilities, retirement communities, care homes, camps, etc.)	<input type="checkbox"/> No	
Indigenous Person*	<input type="checkbox"/> Yes, specify group: _____	<input type="checkbox"/> No	

Part 2. Case Investigation Details			
2.1. Consultation Information			
Have previous COVID-19 related consultation?		<input type="checkbox"/> Yes, Date of First Consult (MM/DD/YYYY)* _____ <input type="checkbox"/> No	
Name of facility where first consult was done _____			
2.2. Disposition at Time of Report* (Provide name of hospital/isolation/quarantine facility)			
<input type="checkbox"/> Admitted in hospital	Date and Time admitted in hospital _____		
<input type="checkbox"/> Admitted in isolation/quarantine facility _____	Date and Time isolated/quarantined in facility _____		
<input type="checkbox"/> In home isolation/quarantine	Date and Time isolated/quarantined at home _____		
<input type="checkbox"/> Discharged to home	If discharged: Date of Discharge (MM/DD/YYYY)* _____ <input type="checkbox"/> Others: _____		
2.3. Health Status at Consult* (Refer to Appendix 3) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical			
2.4. Case Classification* (Refer to Appendix 1) <input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Non-COVID-19 Case			
2.5. Clinical Information			
Date of Onset of Illness (MM/DD/YYYY)* _____		Comorbidities (Check all that apply if present)	
Signs and Symptoms (Check all that apply)			
<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> None	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Fever _____ °C	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Genito-urinary
<input type="checkbox"/> Cough	<input type="checkbox"/> Nausea	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neurological Disease
<input type="checkbox"/> General weakness	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Cancer
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Others _____
<input type="checkbox"/> Headache	<input type="checkbox"/> Altered Mental Status	Pregnant?	<input type="checkbox"/> Yes, LMP (MM/DD/YYYY) _____ <input type="checkbox"/> No
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Anosmia (loss of smell, w/o any identified cause)	High-risk pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Ageusia (loss of taste, w/o any identified cause)	Was diagnosed to have Severe Acute Respiratory Illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Coryza	<input type="checkbox"/> Others, specify _____		

ANNEX A: CASE INVESTIGATION FORM (CIF)

Chest imaging findings suggestive of COVID-19					
Date done	Imaging done	Results			
	<input type="checkbox"/> Chest radiography <input type="checkbox"/> Chest CT <input type="checkbox"/> Lung ultrasound <input type="checkbox"/> None	<input type="checkbox"/> Normal <input type="checkbox"/> Pending	<input type="checkbox"/> Chest radiography: Hazy opacities, often rounded in morphology, with peripheral and lower lung dist. <input type="checkbox"/> Chest CT: Multiple bilateral ground glass opacities, often rounded in morphology, w/ peripheral & lower lung dist. <input type="checkbox"/> Lung ultrasound: Thickened pleural lines, B lines, consolidative patterns with or without air bronchograms <input type="checkbox"/> Other findings, specify _____		
2.6. Laboratory Information					
Have tested positive using RT-PCR before? *		<input type="checkbox"/> Yes, date of specimen Collection (MM/DD/YYYY)* _____ Laboratory* _____		<input type="checkbox"/> No No. of previous RT-PCR swabs done _____	
Date collected*	Date released	Laboratory*	Type of test*	Results*	
			<input type="checkbox"/> RT-PCR (OPS) <input type="checkbox"/> RT-PCR (NPS) <input type="checkbox"/> RT-PCR (OPS and NPS) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Antigen test; Provide reason below: _____ <input type="checkbox"/> Antibody test	<input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Others: _____
			<input type="checkbox"/> RT-PCR (OPS) <input type="checkbox"/> RT-PCR (NPS) <input type="checkbox"/> RT-PCR (OPS and NPS) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Antigen test; Provide reason below: _____ <input type="checkbox"/> Antibody test	<input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Others: _____
2.7. Outcome/Condition at Time of Report*					
<input type="checkbox"/> Active (currently admitted/isolation/quarantine) <input type="checkbox"/> Recovered, date of recovery (MM/DD/YYYY)* _____ <input type="checkbox"/> Died, date of death (MM/DD/YYYY)* _____					
If died, cause of death*		Immediate Cause:		Antecedent Cause:	
		Underlying Cause:		Contributory Conditions:	
PART 3. Contact Tracing: Exposure and Travel History					
History of exposure to known probable and/or confirmed COVID-19 case 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection? *			<input type="checkbox"/> Yes, date of last contact (MM/DD/YYYY)* _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Has the patient been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection? *			<input type="checkbox"/> Yes, International <input type="checkbox"/> Yes, Local <input type="checkbox"/> No <input type="checkbox"/> Unknown exposure		
If International Travel, country of origin		Inclusive travel dates:		From: To:	
		With ongoing COVID-19 community transmission?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Airline/Sea vessel	Flight/Vessel Number	Date of departure (MM/DD/YYYY)		Date of arrival in PH (MM/DD/YYYY)	
If Local Travel, specify travel places (Check all that apply, provide name of facility, address, and inclusive travel dates in MM/DD/YYYY)					
Place Visited	Name of Place	Address (Region, Province, Municipality/City)	Inclusive Travel Dates From: To:	With ongoing COVID-19 Community Transmission?	
<input type="checkbox"/> Health Facility				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Closed Settings				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Workplace				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Market				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Social Gathering				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Others				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Transport Service, specify the following:					
Airline / Sea vessel / Bus line / Train	Flight / Vessel / Bus No.	Place of Origin	Departure Date (MM/DD/YYYY)	Destination	Date of Arrival (MM/DD/YYYY)
- If symptomatic, provide names and contact numbers of persons who were with the patient two days prior to onset of illness until this date			Name (Use the back page if needed)		
- If asymptomatic, provide names and contact numbers of persons who were with the patient on the day specimen was submitted for testing until this date			Contact Number		

Appendix 1. COVID-19 Case Definitions

SUSPECT	PROBABLE
<p>A) A person who meets the clinical AND epidemiological criteria</p> <p>– Clinical criteria:</p> <ol style="list-style-type: none"> 1) Acute onset of fever AND cough OR 2) Acute onset of ANY THREE OR MORE of the following signs or symptoms; fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia / nausea/ vomiting, diarrhea, altered mental status. AND <p>– Epidemiological criteria</p> <ol style="list-style-type: none"> 1) Residing/working in an area with high risk of transmission of the virus (e.g closed residential settings and humanitarian settings, such as camp and camp-like setting for displaced persons), any time w/in the 14 days prior to symptoms onset OR 2) Residing in or travel to an area with community transmission anytime w/in the 14 days prior to symptoms onset; OR 3) Working in health setting, including w/in the health facilities and w/in households, anytime w/in the 14 days prior to symptom onset; OR <p>B) A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; cough with onset w/in the last 10 days; and who requires hospitalization)</p>	<p>A) A patient who meets the clinical criteria (on the left) AND is contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which had had at least one confirmed identified within that cluster</p> <p>B) A suspect case (on the left) with chest imaging showing findings suggestive of COVID-19 disease. Typical chest imaging findings include (Manna, 2020):</p> <ul style="list-style-type: none"> – Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution – Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution – Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms <p>C) A person with recent onset of anosmia (loss of smell), ageusia (loss of taste) in the absence of any other identified cause</p> <p>D) Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified with that cluster</p>
	<p>CONFIRMED</p> <p>A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.</p>

ANNEX A: CASE INVESTIGATION FORM (CIF)

Appendix 2. Testing Category / Subgroup

A Individuals with severe/critical symptoms and relevant history of travel/contact	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.
B Individuals with mild symptoms, relevant history of travel/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	H Frontliners in Tourist Zones :
C Individuals with mild symptoms, and relevant history of travel and/or contact	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.
D Individuals with no symptoms but with relevant history of travel and/or contact or high risk of exposure. These include:	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.
D1 - Contact-traced individuals	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.
D2 - Healthcare workers , who shall be prioritized for regular testing in order to ensure the stability of our healthcare system	J Economy Workers
D3 - Returning Overseas Filipino (ROF) workers, who shall immediately be tested at port of entry	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 (3) months. These include but not limited to:
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	- Transport and Logistics : drivers of taxis, ride hailing services, buses, public transport vehicle, conductors, pilots, flight attendants, flight engineers, rail operators, mechanics, servicemen, delivery staff, water transport workers (ferries, inter-island shipping, ports)
E Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:	- Food Retailers : waiters, waitress, bar attendants, baristas, chefs, cooks, restaurant managers, supervisors
E1 Those with high or direct exposure to COVID-19 regardless of location may be tested up to once a week. These include: (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	- Education : teachers at all levels of education and other school frontliners such as guidance counselors, librarians, cashiers
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; (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 & Management; (6) Personnel manning the One-Stop-Shop in the Management of ROFs; (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	- Financial Services : bank tellers
F Other vulnerable patients and those living in confined spaces . These include but are not limited to: (1) Pregnant patients who shall be tested during the peripartum period; (2) Dialysis patients; (3) Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system; (4) Patients undergoing chemotherapy or radiotherapy; (5) Patients who will undergo elective surgical procedures with high risk for transmission; (6) Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months; (7) Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.	- Non-Food Retailers : cashiers, stock clerks, retail salespersons
	- Services : hairdressers, barbers, manicurists, pedicurists, massage therapists, embalmers, morticians, undertakers, funeral directors, parking lot attendants, security guards, messengers
	- Construction : construction workers including carpenters, stonemasons, electricians, painters, foremen, supervisors, civil engineers, structural engineers, construction managers, crane/tower operators, elevator installers, repairmen
	- Water Supply, Sewerage, Waster Management : plumbers, recycling/ reclamation workers, garbage collectors, water/wastewater engineers, janitors, cleaners
	- Public Sector : judges, courtroom clerks, staff and security, all national and local government employees rendering frontline services in special concern areas
	- Mass Media : field reporters, photographers, cameramen
	J2 All 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.

Appendix 3. Severity of the Disease

MILD	CRITICAL
Symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgias; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia	Patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock:
MODERATE	1. Acute Respiratory Distress Syndrome (ARDS)
1. Adolescent or adult with clinical signs of non-severe pneumonia (e.g. fever, cough, dyspnea, respiratory rate (RR) = 21-30 breaths/minute , peripheral capillary oxygen saturation (SpO2) >92% on room air)	a. Patients with onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest X-ray or chest CT scan, with respiratory failure not fully explained by cardiac failure or fluid overload
2. Child with clinical signs of non-severe pneumonia (cough or difficulty of breathing and fast breathing) < 2 months: > 60; 2-11 months: > 50; 1-5 years: > 40) and/or chest indrawing)	2. Sepsis
SEVERE	a. Adults with life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia
1. Adolescent or adult with clinical signs of severe pneumonia or severe acute respiratory infection as follows: fever, cough, dyspnea, RR>30 breaths/minute, severe respiratory distress or SpO2 < 92% on room air	b. Children with suspected or proven infection and > 2 age-based systemic inflammatory response syndrome criteria (abnormal temperature (> 38.5 °C or < 36 °C); tachycardia for age or bradycardia for age if < 1 year; tachypnea for age or need for mechanical ventilation; abnormal white blood cell count for age or > 10% bands), of which one must be abnormal temperature or white blood cell count.
2. Child with clinical signs of pneumonia (cough or difficulty in breathing) plus at least one of the following:	3. Septic Shock
a. Central cyanosis or SpO2 < 90%; severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions.	a. Adults with persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP > 65 mmHg and serum lactate level >2mmol/L
b. Fast breathing (in breaths/min): < 2 months: > 60; 2-11 months: > 50; 1-5 years: > 40.	b. Children with any hypotension (SBP < 5th centile or > 2 SD below normal for age) or two or three of the following: altered mental status; bradycardia or tachycardia (HR < 90 bpm or > 160 bpm in infants and heart rate < 70 bpm or > 150 bpm in children); prolonged capillary refill (> 2 sec) or weak pulse; fast breathing; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output; hyperthermia or hypothermia.

Onset of Illness of Confirmed COVID-19 Case (mm/dd/yyyy): _____

[illegible]

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