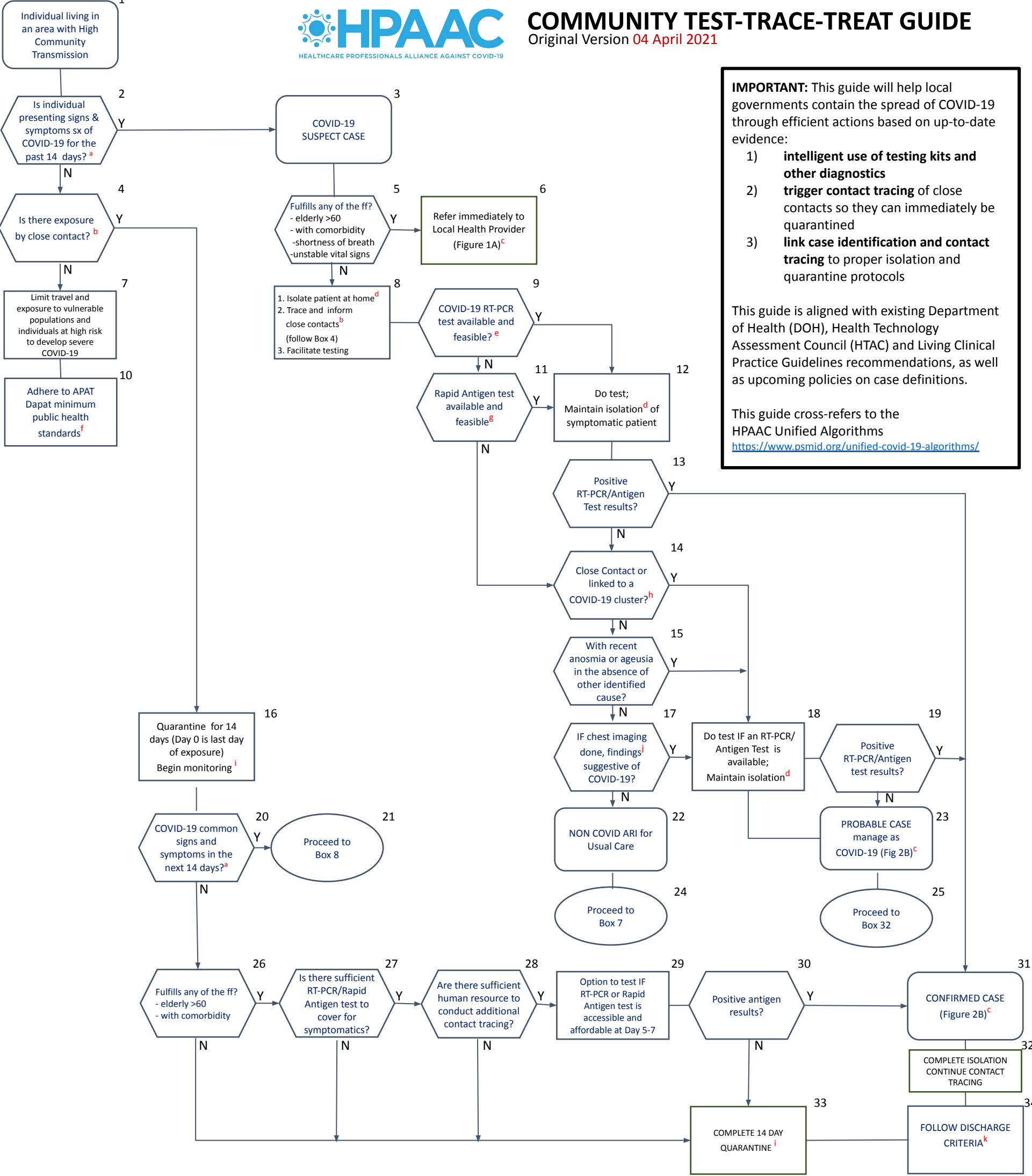


**IMPORTANT:** This guide will help local governments contain the spread of COVID-19 through efficient actions based on up-to-date evidence:

- 1) **intelligent use of testing kits and other diagnostics**
- 2) **trigger contact tracing** of close contacts so they can immediately be quarantined
- 3) **link case identification and contact tracing** to proper isolation and quarantine protocols

This guide is aligned with existing Department of Health (DOH), Health Technology Assessment Council (HTAC) and Living Clinical Practice Guidelines recommendations, as well as upcoming policies on case definitions.

This guide cross-refers to the HPAAC Unified Algorithms  
<https://www.psmid.org/unified-covid-19-algorithms/>



## FOOTNOTES

### <sup>a</sup> Signs and symptoms of COVID-19

- Acute onset of fever AND cough OR
- Acute onset of ANY THREE OR MORE of the following: Fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status.
- Recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause

### <sup>b</sup> Definition of Close Contact

Failed in the APAT DAPAT criteria, meaning *two or more* of the following exposures to a probable or confirmed case:

- poorly ventilated indoor area
- distance less than 1 meter
- unprotected/no PPE
- exposure >15 mins

Examples: living with or caring for a COVID-19 patient

### <sup>c</sup> HPAAC Unified Algorithms

<https://www.psmid.org/unified-covid-19-algorithms/>

### <sup>d</sup> Isolation

- Symptomatic individuals must strictly stay at home in a room separate from household members who are not symptomatic.
- If this is not possible (e.g. there is no separate room), community-based isolation should be considered in a LIGTAS COVID/ TTMF.
- Special considerations must be given to individuals requiring assistance with activities of daily living e.g. elderly living alone, young children, persons with disabilities, mothers with young infants, etc.
- For further details, see Figure 2B of the Unified Algorithms.
- Simplified guidance in Filipino language can also be accessed: <https://www.lguvscovid.ph/pamilyang-pilipino-vs-covid-categories/management>

### <sup>e</sup> RT-PCR

Should be performed by a nationally accredited laboratory

### <sup>f</sup> APAT Dapat

- A - air circulation/ventilation
- P - physical distancing of 1 meter or more
- A - always wear face mask and face shield
- T - time of interaction, fifteen minutes or less

### <sup>g</sup> Rapid Antigen Test

- Only FDA and RITM-approved Rapid Antigen Test Kits may be procured
- Sample collected should be via nasopharyngeal swab
- SHOULD NOT BE USED in settings with an expected low prevalence of disease, and for populations with no known exposure
- A person who tests positive for a Rapid Antigen Test AND meets clinical and/or epidemiologic criteria is already considered a CONFIRMED case.
- There is NO need to do a confirmatory test for a positive Rapid Antigen result. On the other hand, a negative test in a symptomatic patients needs to be confirmed with an RT-PCR.

### <sup>h</sup> COVID-19 Cluster

- A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least one RT-PCR confirmed case OR at least two epidemiologically linked, symptomatic (meeting clinical criteria in footnote b) persons with positive Rapid Antigen Test.

### <sup>i</sup> Quarantine

- Individuals who are close contacts must separate from non-exposed members of their household and strictly stay at home in a separate room.
- If a household has at least one suspect, probable or confirmed COVID-19 at home, the sick should remain in strict isolation from other members of the family (i.e. in a separate room).
- The rest of the exposed household should remain in home in quarantine from the rest of the community for a period of 14 days while monitoring for any development of symptoms.
- For further details, see Figure 2B of the Unified Algorithms.
- Simplified guidance in Filipino language can also be accessed: <https://www.lguvscovid.ph/pamilyang-pilipino-vs-covid-categories/management>

### <sup>j</sup> Typical chest imaging findings of COVID-19

1. Chest radiography - haze opacities, often rounded in morphology, with peripheral and lower lung distribution
2. Chest CT - multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distributions
3. Lung ultrasound - thickened pleural lines, B lines, consolidative patterns with or without air bronchograms

### <sup>k</sup> Discharge and Recovery Criteria

- it is not recommended to do mandatory repeat testing
- <https://doh.gov.ph/Discharge-and-Recovery-Criteria-para-sa-mga-Pasyenteng-Nagkaroon-ng-COVID-19>

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