




REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

MEMORANDUM

TO: PRINCIPALS OF THE INTER-AGENCY TASK FORCE FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES (IATF)

FROM: 
ATTY. CHARADE B. MERCADO – GRANDE
Assistant Secretary of Health, IATF Head Secretariat

SUBJECT: UPDATED IATF GUIDELINES AND MINIMUM PUBLIC HEALTH STANDARDS

DATE: August 7, 2023

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Following the lifting of the state of public health emergency throughout the Philippines by virtue of Proclamation No. 297 series of 2023, the following issuances were received by the IATF Secretariat:

- Department of Health (DOH) Department Circular No. 2023-0324, Updated Health Protocols following Lifting of the COVID-19 Public Health Emergency dated July 23, 2022
- Bureau of Quarantine (BOQ) Memorandum Circular No. 2023-06, the Interim Guidelines on BOQ Operations at Airport/Seaport dated July 22, 2023

In addition, we would like to respectfully inform you that the Bureau of Quarantine is implementing the following protocols on vaccination certificates:

For International Arrivals: Presentation of vaccination status and vaccination certificate for COVID-19 is NOT required. All arriving international travelers are accepted regardless of their vaccination status;



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For Departing International Travelers: The vaccination requirements depend on the destination country. It is highly recommended that travelers should check on the requirements of the country that they are going to; and

For OFWs and Seafarers: The issuance of the International Certificate of Vaccination for Prophylaxis for Yellow Fever Vaccine and other vaccination depends on the requirement of the agency/company.

Attached are the copies of the aforementioned issuances for your information and reference.

Thank you for your usual support and cooperation.



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 23, 2023

DEPARTMENT CIRCULAR
No. 2023- 0324

TO: ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); CENTERS FOR HEALTH DEVELOPMENT, BUREAU AND SERVICE DIRECTORS; SPECIAL AND SPECIALTY HOSPITAL DIRECTORS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHER CONCERNED OFFICES

SUBJECT: Updated Health Protocols following Lifting of the COVID-19 Public Health Emergency

On July 21, 2023, the President declared the lifting of the Public Health Emergency throughout the Philippines due to COVID-19 through Proclamation No. 297. In light of this, the Department of Health (DOH) clarifies the following changes in the COVID-19 protocols:

Table 1. Updated protocols on Minimum Public Health Standards

PROTOCOLS	FROM	TO
Masking	Required in healthcare facilities, medical transport vehicles, and public transportation	For Health Facilities While no longer mandated, the DOH <u>recommends</u> retention of the mandatory use of masks in health facilities to protect vulnerable patients and reduce nosocomial infection. Infection Prevention and Control Committees (IPCC) of health facilities can choose to retain mandatory masking and issue specific guidelines applicable to their facility. For all other stationary or mobile healthcare providers without IPCC, DOH still <u>recommends</u> masking to be continued.

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JUL 25 2023
CORAZON S. DELA CRUZ
KMTS - RECORDS SECTION
Department of Health

PROTOCOLS	FROM	TO
	<p>Mask wearing recommended for</p> <ul style="list-style-type: none"> • Elderly; • Individuals with comorbidities; • Immunocompromised individuals; • Pregnant women; • Unvaccinated individuals; and • Symptomatic individuals 	<p>For Public Transportation Wearing masks is no longer mandatory but not prohibited, especially for those who wish to protect themselves and others from COVID-19 or other respiratory infections.</p> <p>Mask wearing still recommended especially in crowded or poorly ventilated public spaces for:</p> <ul style="list-style-type: none"> • Elderly; • Individuals with comorbidities; • Immunocompromised individuals; • Pregnant women; • Unvaccinated individuals; and • Symptomatic individuals.
Minimum Public Health Standards	Good hygiene, frequent hand washing, observance of physical distancing, and good ventilation	Good hygiene, frequent hand washing, and good ventilation; especially in situations where close interaction with vulnerable populations cannot be avoided such as the elderly population, those with comorbidities and immunocompromised individuals.
Vaccination	Recommended	Recommended

As to clinical guidelines, the following are the updated *recommendations* informed by the Philippine COVID-19 Living Recommendations, World Health Organization, U.S. Centers for Disease Control and Prevention (CDC) and recommended by the members of the DOH Scientific Advisory Group of Experts for Emerging and Re-Emerging Infectious Diseases (EREID SAGE). As with all other diseases, patients are advised to consult their health care provider, most especially if presenting with moderate to severe symptoms.

The DOH also reiterates that neither repeat testing (showing a negative COVID-19 test) nor requiring medical certificates are required for resumption of work or entrance to school.

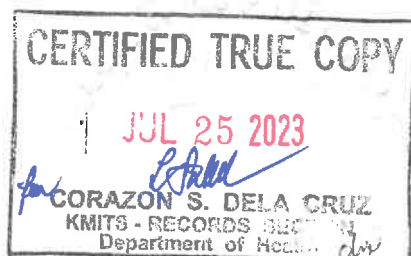


Table 2. Updated masking, quarantine and isolation protocols

	Masking / Quarantine / Isolation Protocols
Asymptomatic close contact exposed to confirmed COVID-19 positive individual	<ul style="list-style-type: none"> • No need to quarantine; and • Wear a well-fitted face mask for 10 days.
Asymptomatic but confirmed COVID-19 positive case	<ul style="list-style-type: none"> • Home isolation for 5 days OR until afebrile/ fever-free for at least 24 hours without using antipyretics (e.g., Paracetamol) and with improvement of respiratory symptoms, whichever is earlier; and • Wear a well-fitted face mask for 10 days. <p><i>Note:</i> Isolation may be shortened upon the advice of your healthcare provider.</p>
Confirmed COVID-19 positive case with mild symptoms OR individuals with acute respiratory symptoms	
Confirmed COVID-19 positive case with moderate to severe symptoms, OR immunocompromised	<ul style="list-style-type: none"> • Isolation for at least 10 days from onset of signs and symptoms following advice of the attending physician, including whether to be admitted in a health care facility; and • Wear a well-fitted face mask for 10 days. <p><i>Note:</i> For severe disease and immunocompromised, discontinue isolation only upon the advice of your healthcare provider.</p>

Whilst the state of public health emergency has already been lifted, the health sector shall continue to remain vigilant to ensure adequate health system capacity in the event that it is required. Continued surveillance is necessary to minimize the risk of outbreaks and/or severe disease in settings with high-risk individuals. Regarding modifications in surveillance, reporting and public risk communication, please refer to the table below:

Table 3. Reporting and Risk Communication

PROTOCOLS	FROM	TO
Surveillance	COVID-19 surveillance as a stand-alone surveillance system	COVID-19 surveillance protocols (case definitions, confirmatory testing, whole genome sequencing, case investigation forms, etc.) shall continue to be implemented until its integration into the pilot pan-respiratory surveillance system by Q4 2023 .
Disease Reporting Unit reporting to the	Mandatory reporting of all cases and laboratory results	Continue mandatory reporting of cases and laboratory results to

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JUL 25 2023

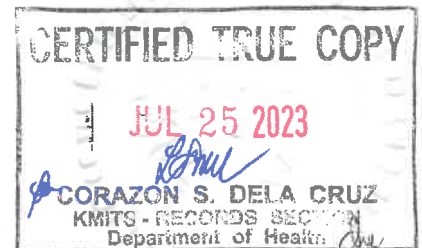
[Signature]
CORAZON S. DELA CRUZ
KMITG - RECORDS
Department of Health

PROTOCOLS	FROM	TO
DOH		official information systems.
DOH reporting to the public	<ul style="list-style-type: none"> ● Weekly case bulletins are released ● DOH COVID-19 tracker updated daily 	<ul style="list-style-type: none"> ● Weekly to include other notifiable diseases ● Weekly to include other notifiable diseases

Finally, updated guidelines for incoming travelers (e.g. vaccination, testing, and isolation/quarantine requirements), issuance of vaccine certificates, implementation of the eTravel Pass, and the COVID-19 Alert Level System will be issued by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) through the concerned agencies.

For dissemination and strict compliance of all concerned.


TEODORO J. HERBOSA, MD
 Secretary of Health





Republic of the Philippines
Department of Health
BUREAU OF QUARANTINE
25th and A.C. Delgado Streets
Port Area, Manila



MEMORANDUM CIRCULAR No. 2023 - 06

TO : ALL BUREAU OF QUARANTINE STATIONS AND
OTHER
CONCERNED, AGENCIES

FROM : FERDINAND S. SALCEDO, MD, MPH, CESO IV
DIRECTOR IV

SUBJECT : Interim Guidelines on BOQ Operation at
Airport/Seaport

DATE : July 22, 2023

I. BACKGROUND

With the declaration of World Health Organization (WHO) to end COVID-19 as Public Health Emergency of International Concern (PHEIC) and to downgrade health protocols based on the latest Presidential Proclamation No. 297 "Lifting of the State of Public Health Emergency throughout the Philippines due to COVID-19" dated July 21, 2023. The Bureau of Quarantine (BOQ) upholds its continuous effort to implement its functions through monitoring and surveillance at points of entry, which plays a vital role in preventing resurgence through, monitoring of emerging diseases, facilitating international travel, maintaining public health preparedness and upholding global health security. Maintaining public health preparedness is done thru continuous monitoring and surveillance at all ports and airports that are used by conveyances of international travel. By having systems and protocols in place, health authorities can immediately respond to potential threats, collaborate with relevant agencies, and effectively communicate preventive measures to the public.

Additionally, continuous surveillance at points of entry aligns with the principles of global health security. It ensures that countries remain vigilant in detecting and responding to public health threats that may arise from international travel and trade, thereby protecting both local and global populations. Therefore, this activity requires ongoing collaboration between public health authorities, border control agencies, and other stakeholders to implement effective measures and ensure the safety and welfare of the public.

Thereby, the Bureau identified the following health protocols at points of entry to be continuously implemented:

Airport

1. Primary and secondary screening procedure of communicable diseases for arriving international passengers, crew and conveyances.
 - Primary screening through walk through thermal scanning and RED QR Code verification.
 - Secondary screening for QMO assessment of signs and symptoms of infectious disease.
2. Referral and conduction of intercepted/symptomatic (febrile) passengers to dedicated hospitals (Government hospitals unless with preferred private hospital)
3. Issuing clearance for Death on Board, human remains and biological specimen.
4. Examination and evaluation of sick call and medevac.
5. Examination and evaluation of suspected infectious departing international and domestic passengers and crew.
6. Implementation of vector control procedures in international aircrafts.

Seaport

1. Screening protocols for arriving international passengers, crew, and conveyances are free from sources of infection or contamination, including vectors and reservoirs.
2. Referral and conduction of intercepted/symptomatic (febrile) crew/passengers to dedicated hospitals. Subject for discretion of Quarantine Medical Officer (QMO) to nearest competent port.
3. Screening and clearance for death on board.

4. Examination and evaluation of sick call and medevac at designated area.
5. Health certification for embarking crew.

Specific Guidelines for Seaport

1. Online submission of Notice of Arrival (NOA) must be at least 72hrs prior arrival.
 - a. For NCR vessels — boq.portservices@gmail.com
 - b. For cruise ship — boqcruisearrival@gmail.com
 - c. For provincial stations, specific email address will be provided with copy furnish to BOQ main office email address or upon discretion of station chiefs.
2. An email response shall be sent back to the Shipping Lines within 24hrs upon receipt of the Notice of Arrival (NOA).
3. Request for Controlled Free Pratique (Direct berthing) to be approved after NOA and other requirements have been evaluated 48hrs prior to berthing or upon discretion of station chief.
4. Intended activities at port must be declared in the NOA and during the daily pre-arrival meeting of QMOs and port agents. These includes crew change, renewal of Ship Sanitation Exemption Certificate (SSEC), Medevac, etc. Unforeseen activities that have an impact to the health of the crew or sanitation of the vessel must be coordinated with BOQ prior to its implementation.
5. Mandatory pre-arrival coordination meeting for incoming cruise, naval, specialized/offshore vessels shall be conducted at least one (1) week prior to arrival.
6. Mandatory pre-arrival coordination meeting for Medevac and Death on Board shall be conducted at least forty-eight (48) hours prior to arrival.
7. Crew change and shore leave are allowed at all ports. Station chiefs are responsible to coordinate with other port authorities regarding this.
8. Annotations of QMO in crew list after formalities will serve as clearance for crew change. Annotations in crew list:
 - a. Mark or highlight the name of offsigning crew
 - b. Date of clearance
 - c. Total number of Foreign/Filipino
 - d. Indicate if cleared for crew change
 - e. Name and signature of clearing QMO
9. Health screening of off-signers shall be done at anchorage or berth with prior coordination of crew changes after boarding formalities. Requirements are as follows:
 - a. Quarantine Medical Clearance for Foreign Offsigner/s

- b. Seven (7) days temperature and health log
10. Crew list/Line list with annotation/certification from LMA/LPA that all joining crew are healthy and with no symptoms, shall be sent within 48hrs at boq.pxmonitoring@gmail.com for BOQ NCR Station or respective email addresses of BOQ Provincial Stations.
11. Medevac and death on board (DOB) to be processed at anchorage following risk assessment of QMO. It must be declared upon submission of NOA along with supporting documents such as:
 - a. Master's report
 - b. Fourteen (14) days temperature and health log
 - c. Hospital Acceptance/ Dedicated Funeral Service
12. Transfer of ill patient must be via ambulance following risk assessment.
13. Conduction from vessel to dedicated hospitals or specified by LMA/LPA must be accompanied by a BOQ personnel (for infectious cases) following risk assessment.
14. For cruise ships, port to port guarding will be observed (to follow separate guidelines for cruise ship).
15. Crew movement will only occur after Health screening of crew and reassessment of vessel.
16. Offshore/specialized vessels are required to do health monitoring. Health Log consists of name, designation, daily temperature and signs and symptoms will be required every 14 days for vessels that stays beyond 14 days. Another final health log is required to be submitted prior to issuance of outgoing clearance to boq.boatsafe@gmail.com for BOQ NCR Station or respective email addresses of BOQ Provincial Stations.
17. For international vessels staying for more than 1 month, vessels must be re-boarded for inspection of vessel and health profiling.
18. Foreign vessels that are commercially and/or temporarily converted to local vessel must still follow quarantine protocols.
19. Full coordination of LMA and LPA must always be maintained.

All stations are ordered to follow above General Guidelines.
Specific guidelines may be submitted by station chief subject for approval of the Director.

Effective Immediately.