




Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION



**REGIONAL MEMORANDUM**  
**ORD-2023-765**

**TO** : Schools Division Superintendents  
Public and Private Elementary and  
Secondary School Principals/OIC  
All Others Concerned

**FROM** :   
**WILFREDO E. CABRAL, CESO III**  
Regional Director

**SUBJECT** : **UPDATED HEALTH PROTOCOLS FOLLOWING LIFTING OF  
THE COVID-19 PUBLIC HEALTH EMERGENCY**

**DATE** : August 10, 2023

1. Enclosed is a copy of Department Circular No. 2023-0324 dated July 23, 2023 entitled, "Updated Health Protocols Following Lifting of the COVID-19 Public Health Emergency", the content of which is self-explanatory, for your information, guidance and appropriate action.
2. Particular attention is invited to Table 1, 2 and 3.
3. For more information, you may coordinate with your respective City Health Office.
4. Immediate and wide dissemination of this Memorandum is desired.



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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**

<b>PROTOCOLS</b>	<b>FROM</b>	<b>TO</b>
Masking	Required in healthcare facilities, medical transport vehicles, and public transportation	<p><b>For Health Facilities</b> 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.</p> <p>For all other stationary or mobile healthcare providers without IPCC, DOH still <u>recommends</u> masking to be continued.</p>

PROTOCOLS	FROM	TO
	<p>Mask wearing recommended for</p> <ul style="list-style-type: none"> <li>● Elderly;</li> <li>● Individuals with comorbidities;</li> <li>● Immunocompromised individuals;</li> <li>● Pregnant women;</li> <li>● Unvaccinated individuals; and</li> <li>● Symptomatic individuals</li> </ul>	<p><b>For Public Transportation</b> 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"> <li>● Elderly;</li> <li>● Individuals with comorbidities;</li> <li>● Immunocompromised individuals;</li> <li>● Pregnant women;</li> <li>● Unvaccinated individuals; and</li> <li>● Symptomatic individuals.</li> </ul>
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**

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

<b>PROTOCOLS</b>	<b>FROM</b>	<b>TO</b>
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 <b>pilot pan-respiratory surveillance system by Q4 2023</b> .
Disease Reporting Unit reporting to the	Mandatory reporting of all cases and laboratory results	Continue mandatory reporting of cases and laboratory results to

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

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