



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
San Lazaro Compound, Rizal Avenue
Sta. Cruz, Manila, Philippines 1003



08 June 2009

DEPARTMENT MEMORANDUM

No. 2009-0155

To : DOH Bureaus, Services, Centers for Health Development (CHDs), Hospitals and Attached Agencies, All Services, Units and Teams Designated to Work for the Prevention, Containment, Control and Clinical Management of the Influenza A (H1N1) Virus and All Others Concerned

Subject: Technical Guidelines, Standards and Other Instructions for Reference in the Pandemic Response to Influenza A(H1N1)

Whereas, Presidential Decree No. 1566 (1978) entitled "*Strengthening the Philippine Disaster Control Capability and Establishing a National Program on Community Disaster*" mandates the national government agencies to support the central and local governments in time of emergencies and according to their field of responsibility;

Whereas, the World Health Organization (WHO) reports of human cases and deaths secondary to a re-assortment of the influenza virus found among swine, avian and human population, and initiated the global alert and response to the influenza A H1N1 virus, the recently identified causative agent of the imminent pandemic;


Whereas, the National Disaster Coordinating Council (NDCC) through Memorandum 06 s. 2009, designated Secretary Francisco T. Duque III, Secretary of Health as the "Overall Crisis Manager (De-facto NDCC Chairman) for 2009 A/H1N1 flu";

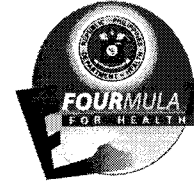
Whereas, Republic Act No. 9271, known as the "Quarantine Act of 2004" specifically strengthens the regulatory capacity of the Department of Health through the Bureau of Quarantine and international commitments to international health regulations and surveillance;

Whereas, because this is the first time that influenza AH1N1 is affecting human populations, its epidemiologic trend and clinical effects are largely unpredictable;

The DOH hereby issues **Interim Guidelines No. 15 on Quarantine Procedures in Relation to the Influenza A (H1N1) Virus Outbreak**, on the strength of Republic Act No. 9271 also known as the "Quarantine Law of 2004" and Administrative Order No. 2009-009 entitled "Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A H1N1 Virus," dated May 04, 2009.

For compliance.


FRANCISCO DUQUE III, MD, MSc
Secretary of Health



Interim Guidelines No. 15
On Quarantine Procedures in Relation to the Influenza A (H1N1) Virus Outbreak

This set of guidelines is issued for the purpose of reminding the general public about our shared responsibility of protecting public health and of the legal mandate of the Department of Health, through the Bureau of Quarantine, to enforce national and international health laws regarding public health emergencies of international concern.

Republic Act No. 9271, known as the “Quarantine Act of 2004,” provides in Section 4: *“Authority to Promulgate and Enforce Rules and Regulations and Provide Penalties for Their Violations –*

- (a) The Director of the Bureau (Bureau of Quarantine) with the approval of the Secretary of Health is authorized to promulgate and enforce rules and regulations as in his judgment are necessary to prevent the introduction, transmission or spread of ‘public health emergencies of international concern’ from foreign countries into the Philippines or from one (1) domestic seaport / airport to another...*
- (b) Regulations prescribed under this section shall provide for the apprehension, detention or surveillance for the purpose of preventing the introduction, transmission or spread of such public health emergencies of international concern as may be specified from time to time in Department Orders by the Secretary of Health upon the recommendation of the international health surveillance. “*

Section 8 of the Quarantine Law of 2004 on Penalties further states that:

- (a) Any person who violates any regulation prescribed in this Act shall forfeit to the Bureau of Quarantine a fine of not less than Ten Thousand Pesos (P10,000.00) but not more than Fifty Thousand Pesos (P50,000.00) or be imprisoned for not more than one (1) year or both at the discretion of the court of competent jurisdiction.”*

The **Implementing Rules and Regulations of RA 9271** further provides in Section 53 on Preparedness and Response Guidelines that:

- “53.2 In the event of an outbreak of public health emergency of international concern in a community, the Director of the Bureau shall recommend to the Secretary of Health the following measures for the prevention of transmission and spread of such public health emergency in coordination with Department of Health agencies (HEMS, NCDPC, NEC, NCHFD, CHDs)¹ and other concerned government agencies (NDCC, DILG)²;*
- 53.2.1 Apprehension, detention / isolation or surveillance of suspect/cases.*
- 53.2.2 Place under active or passive surveillance, individuals who have been exposed to the infection considered as dangerous contact.*

¹ Health Emergency Management Staff, National Center for Disease Prevention and Control, National Epidemiology Center, National Center for Health Facility Development, Centers for Health Development

² National Disaster Coordinating Council, Department of Local and Interior Government

53.2.3 To declare an area or community “under quarantine” where the public health emergency occurs.

53.3 The Secretary of Health is authorized to mobilize other government agencies for the purpose of preventing the introduction, transmission and spread of public health emergencies of international concern.”

Isolation and quarantine are useful in protecting the public by preventing exposure to infected persons or to persons who may be infected. **Isolation** is used to separate ill persons suspected to be have influenza A (H1N1) infection from those who are healthy. Meanwhile, **quarantine** is used to separate and restrict the movement of well persons who may have been exposed to a person with confirmed Influenza A (H1N1) infection.

The Department of Health, upon the recommendation of the Director of the Bureau of Quarantine (BOQ), hereby issues the following guidelines on quarantine procedures for public health emergencies of international concern specific to the DOH emergency management response to the Influenza A (H1N1) virus outbreak, on the strength of RA 9271, the “Quarantine Law of 2004” and DOH Administrative Order No. 2009-009 on the *Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A H1N1 Virus*, as follows:

A. Quarantine Procedures Applicable to Suspected Cases or Cases Under Observation, Probable Cases and Confirmed Cases of Influenza A (H1N1)

1. Any person, regardless of nationality, race, and age, who has symptoms of acute respiratory illness and with recent history of travel to an area or exposure to a confirmed case of influenza A (H1N1) virus infection shall qualify as a “*case under observation*” (CUO) or *suspected case of influenza A (H1N1)*. Nevertheless, information, identity, and personal details concerning the CUO shall remain confidential in order to protect his/her privacy and safety.
2. Quarantine officers and medical officers of triage systems operational in various hospitals shall convince CUOs to voluntarily submit himself/herself for testing, evaluation, and/or isolation or quarantine in any government or private hospital designated as referral centers for influenza A (H1N1).
3. In case a CUO refuses to cooperate and voluntarily submit himself/herself to isolation or quarantine, then the DOH represented by the BOQ Director or by the CHD Director as Overall Crisis Manager at the Regional level or by the Chief of Hospital concerned, shall take custody of such person and cause his/her emergency confinement at any government or private hospital designated as referral centers for influenza A (H1N1).

The DOH may call upon the National Disaster Coordinating Council (NDCC), Department of the Interior and Local Government (DILG), law enforcement agencies, and local authorities to provide assistance in order to effect such custody and confinement.

The isolation and emergency confinement of a CUO are being conducted for purposes of medical examination and evaluation, clinical management, and/or treatment. The CUO or suspected cases shall be prohibited from leaving the hospital until laboratory results are available and found negative or until after clinical management. Further, any family member, close relative, or guardian of the CUO shall be immediately informed and advised of said isolation and confinement in order to make arrangements for the CUO’s medical examination and evaluation, clinical management, and/or treatment.

4. In the event that the confined CUO tests negative for Influenza A (H1N1), then he/she shall be discharged from the hospital.

5. Probable and confirmed cases of influenza A (H1N1) viral infection shall remain in custody and confinement at the hospital for clinical management and treatment until he/she is asymptomatic and feels well. Thereafter, he/she shall be discharged from the hospital but he/she shall be advised to wear surgical mask when in the company of other persons for a period of at least 10 days.
6. All family members, relatives, or persons who have been in close contact with a CUO, probable or confirmed case shall be required to undergo home confinement and monitor one's self for signs and symptoms of influenza in the next 10 days.

B. Quarantine Procedures Applicable to Communities and Other Specific Areas

1. In the event that an outbreak of Influenza A (H1N1) viral infection in a community or specific area is noted to:

- (1) affect unusually large number of people,
- (2) manifest with unusually severe symptoms, **and**
- (3) local health system's capacity to control infection is inadequate or exhausted because of the evolving nature of influenza A (H1N1),

the DOH, upon the recommendation of the Director of the Bureau of Quarantine or the CHD Director as Overall Crisis Manager at the Regional level, and in coordination with the NDCC, DILG, and the local authorities, shall declare such community or specific area "**under quarantine**" to prevent, control, and/or contain the transmission or spread of Influenza A (H1N1) virus.

"Communities" referred to in this provision include neighborhood/*purok*/ subdivision, *sitio* or barangay, municipality or city, while "specific areas" include schools, workplaces, hotels and resorts, and other similar establishments.

2. When a community or specific area is declared "under quarantine", the DOH, in coordination with the CHD Director, NDCC, DILG, appropriate Provincial/City/Municipal Disaster Coordinating Council, and the local authorities, shall apply all appropriate and applicable guidelines, standards and other instructions pertaining to Influenza A (H1N1).
3. The DOH may call upon the NDCC, DILG, law enforcement agencies, and local authorities to provide assistance in order to effectively and efficiently contain and/or control the transmission or spread of Influenza A (H1N1) virus infection in the community or specific area "under quarantine". The assistance may include the prevention and control of ingress to and egress from the area or community "under quarantine".
4. In case the DOH, in coordination with the CHD Director, DILG, appropriate Regional/ Provincial/ City/ Municipal Disaster Coordinating Council, and the local authorities, has determined the absence or control of Influenza A (H1N1) virus infection in the community or specific area previously declared as "under quarantine", then it shall lift the quarantine declaration and shall forthwith issue a **quarantine clearance**.
5. However, in the event that local transmission of Influenza A (H1N1) virus infection in an area or community becomes sustained, isolation and/or quarantine may no longer be appropriate and practical. Henceforth, further measures and refinements of the foregoing guidelines may be taken to prevent and control transmission or spread of Influenza A (H1N1) virus in the Philippines.