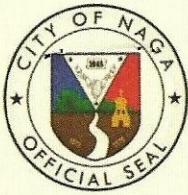


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health standards, including physical distancing, hand hygiene, cough etiquette, and wearing of masks, among others, regardless of vaccination status.

5. Hospital Infection Prevention and Control Committees (IPCC), Health Offices from Provinces, Highly Urbanized Cities, and Independent Component Cities coordinated with their corresponding hospital IPCC, and other sectors authorized by the IATF with strict industry regulations on infection prevention and control (IPC) shall be authorized to implement further shortening of quarantine duration up to 0 days for their fully vaccinated workers with boosters who are close contacts based on the institution's individualized risk and needs assessment.
6. Intensive contact tracing and testing of asymptomatic close contacts are not recommended priority interventions in areas with large scale community transmission.

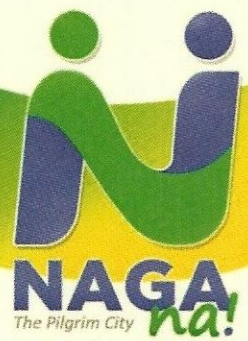
**B. ISOLATION OF INDIVIDUALS WITH SYMPTOMS AND SUSPECT, PROBABLE, AND CONFIRMED CASES**

1. All asymptomatic and fully vaccinated confirmed cases shall isolate for at least 7 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
2. All asymptomatic and partially vaccinated or unvaccinated confirmed cases shall isolate for at least 10 days from sample collection date. Isolation can be discontinued without the need for repeat testing, provided they have remained asymptomatic during the whole recommended isolation period. If symptoms develop within or after the prescribed period, the individual shall complete the required days of isolation depending on the severity of symptoms.
3. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are fully vaccinated, shall isolate for at least 7 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, if they do not have fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory signs and symptoms.
4. All individuals with symptoms and suspect, probable, and confirmed cases presenting with mild symptoms, including individuals under priority groups A2 and A3 who are partially vaccinated or unvaccinated, shall isolate for at least 10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, if they do not have fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory signs and symptoms.
5. All individuals with symptoms and suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least





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10 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory signs and symptoms.

6. All individuals with symptoms and suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least 21 days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory signs and symptoms.
7. All symptomatic immunocompromised confirmed cases, as outlined below, shall be isolated for at least 21 days from onset of signs and symptoms, regardless of vaccination status. These shall include patients with:
  - a. Autoimmune disease
  - b. HIV
  - c. Cancer/ malignancy
  - d. Undergoing steroid treatment
  - e. Transplant patients, and
  - f. Patients with poor prognosis or bed-ridden.

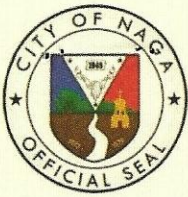
Isolation can be discontinued upon completion of the recommended isolation period, if they do not have fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory signs and symptoms. Repeat RT-PCR testing shall also be recommended for this group. If results turn out negative, they may be discharged from isolation. If results turn out positive, refer to an Infectious Disease Specialist who may issue clearance and discharge if warranted.

8. Repeat testing is not required for the safe reintegration into the community, except for immunocompromised individuals. Time based isolation is sufficient provided the affected individual remains asymptomatic.

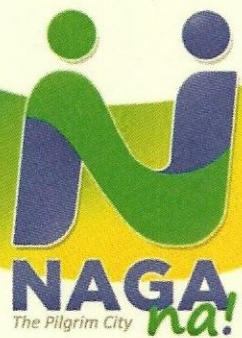
### C. TESTING PRIORITIZATION

1. Testing, especially using RT-PCR, shall be recommended, and prioritized for instances where the result of testing will affect the clinical management. Specifically, this will include those who are at risk for developing severe disease such as Priority Groups A2 (persons above 60 years old) and A3 (persons with comorbidities).
2. Testing, especially using RT-PCR, shall also be recommended, and prioritized for groups at highest risk for infection such as Priority Group A 1 or healthcare workers as deemed necessary.
3. **Testing using Antigen tests shall be recommended only for symptomatic individuals and in instances wherein RT-PCR is not available, consistent with previously issued guidelines.**





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4. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:
  - a. Testing shall NOT be recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.
  - b. Testing shall NOT be recommended for screening asymptomatic individuals.

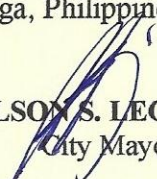
**D. HOME QUARANTINE AND ISOLATION**

1. Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation" provisions on home quarantine and isolation for individuals with no symptoms, mild symptoms, and moderate symptoms and for step-down management are further clarified that in extreme circumstances (e.g. unavailability of TTMs, and multiple household members are infected with no single rooms available), individuals who are suspected of COVID-19 may be placed together in a shared room provided that the bed shall be spaced at least 2 meters apart, with proper ventilation, and temporary partitions to ensure patient privacy shall be placed between them.
2. To ensure promotion of their psychosocial well-being, individuals in quarantine and isolation are recommended to maintain and continue lines of communication to family and friends. They may also download the DOH Lusog-Isip Mobile Application for free (available in both Apple store or Google play store) or access the National Center for Mental Health (NCMH) Crisis Hotline or the DOH Regional Helplines (See Annex C) for mental health and psychosocial support concerns.
3. All quarantined and isolated individuals, including locally stranded individuals, are recommended to be quarantined or isolated in the area in which they are located instead of being transported to outside of their area of origin to undergo quarantine or isolation.

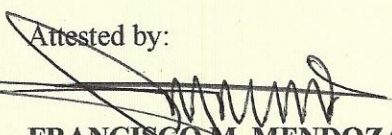
**E. REPEALING AND IMPLEMENTATION CLAUSE**

1. This Executive Order repeals Rule VII of Executive Order No. 2022-001 dated January 8, 2022.
2. The city quarantine facilities personnel and the Home Isolation Team are hereby directed to implement this Executive Order effective immediately.

Issued this 18<sup>th</sup> day of January 2022 in the City of Naga, Philippines.

  
**NELSON S. LEGACION**  
City Mayor

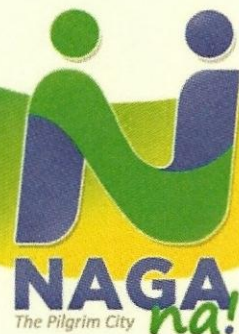
Attested by:

  
**FRANCISCO M. MENDOZA**  
Acting City Administrator





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**Executive Order No. 2022-002 Annex A:**  
**Summary of Updated Quarantine and Isolation Protocols**

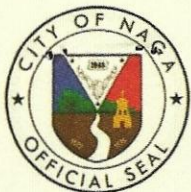
		General Public	Healthcare workers and authorized sectors <sup>1</sup>
<b>QUARANTINE</b>			
Asymptomatic close contact	Fully vaccinated	At least 5 days from exposure <sup>2</sup>	At least 5 days from exposure IPCC may shorten up to .0 days if with booster
	Partially Vaccinated or Unvaccinated	At least 14 days from exposure	At least 14 days from exposure
<b>ISOLATION</b>			
Asymptomatic case	Fully vaccinated	At least 7 days <sup>3</sup> from positive test (Sample collection date)	At least 7 days <sup>3</sup> from positive test (sample collection date) IPCC may shorten up to 5 days if with booster
	Partially Vaccinated or Unvaccinated	At least 10 days <sup>3</sup> from positive test (sample collection date)	At least 10 days <sup>3</sup> from positive test (sample collection date)
Symptomatic, suspect, probable or confirmed case with MILD symptoms	Fully vaccinated	At least 7 days <sup>3</sup> from onset of symptoms	At least 7 days <sup>3</sup> from onset of symptoms IPCC may shorten up
	Partially Vaccinated or Unvaccinated	At least 10 days <sup>3</sup> from onset of symptoms	At least 10 days <sup>3</sup> from onset of symptoms
Symptomatic, suspect, probable or confirmed case with MODERATE symptoms	Regardless of vaccination status	At least 10 days <sup>3</sup> from onset of symptoms	At least 10 days <sup>3</sup> from onset of symptoms
Symptomatic, suspect, probable or confirmed case with SEVERE and CRITICAL symptoms	Regardless of vaccination status	At least 21 days <sup>3</sup> from onset of symptoms	At least 21 days <sup>3</sup> from onset of symptoms

<sup>1</sup> Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC shall be authorized to implement further shortening of quarantine and isolation protocols for their fully vaccinated workers with boosters who are close contacts, suspect, probable, and confirmed cases whether asymptomatic, mild, or moderate, based on the institution's individualized risk and needs assessment.

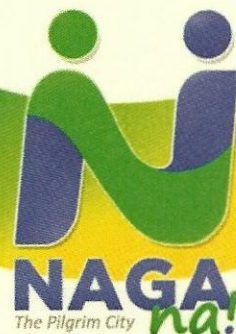
<sup>2</sup> All asymptomatic close contacts should continue symptom monitoring for 14 days, strictly observe MPHS which includes wearing well-fitted masks, physical distancing, among others

<sup>3</sup> Isolation can be discontinued upon completion of the required days, provided that, they shall not develop fever for at least 24 hours without the use of any antipyretic medications and shall have improvement of respiratory symptoms. Except for immunocompromised individuals, repeat testing nor medical certification is not required for safe reintegration into the community. Time based isolation is sufficient provided the affected individual remains asymptomatic.





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Immunocompromised <i>*Autoimmune disease, HIV, Cancer/ Malignancy, Transplant Patients, Undergoing steroid treatment, Patients with poor prognosis/ Bed-ridden patients</i>	Regardless of vaccination status	At least 21 days <sup>1</sup> from onset of symptoms with negative repeat RT-PCR	At least 21 days <sup>1</sup> from onset of symptoms with negative repeat RT-PCR
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**Executive Order No. 2022-002 Annex B.**

**Updated Testing Protocols**

Who is being tested?	Why is testing being done?	Should you test?	Remarks
AI or Health Care Workers	Surveillance to plan for adequate health system capacity	YES*	Use antigen test only when symptomatic, and when RT-PCR is not available
A2 Senior Citizens or A3 Persons with Co-morbidities Including those at high risk for severe disease	Confirming COVID-19 to know if investigational drugs can be given	YES	
All except AI, A2 and A3 - no symptoms	Confirming COVID-19 after exposure to positive case	OPTIONAL, quarantine ASAP, and monitor symptoms	

\*Hospital IPCC, PHO coordinated with provincial HIPCC, and other sectors authorized by the IATF with strict industry standards on IPC can determine need for testing upon careful assessment of benefits and risks.