

COVID-19

HEALTH BULLETIN

June 1, 2020

Introduction

ActiveLink helps businesses optimize and implement a sustainable benefits program that empowers employees to do more, give more, and live more.

As the pandemic tempers throughout the world, we initiated a health bulletin to share insights and government updates about COVID-19. Our goal is to make sure you get the information you need to anticipate irregularities brought by the coronavirus outbreak.

We will closely monitor the coronavirus crisis to bring you the latest combined information from different medical research institutions, government agencies, and insurance companies. We're here to make your benefits better. Connect with us at inquiries@benefitsmadebetter.com to see how we can help you.

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COVID-19 Update

AS OF JUNE 1, 2020

No. of cases worldwide: 6,016,976¹

No. of deaths: 370,153 (6%)¹

Confirmed cases in the Philippines: 18,638²

State update on coronavirus outbreak

Timeline of Philippine Government Response on COVID-19⁶

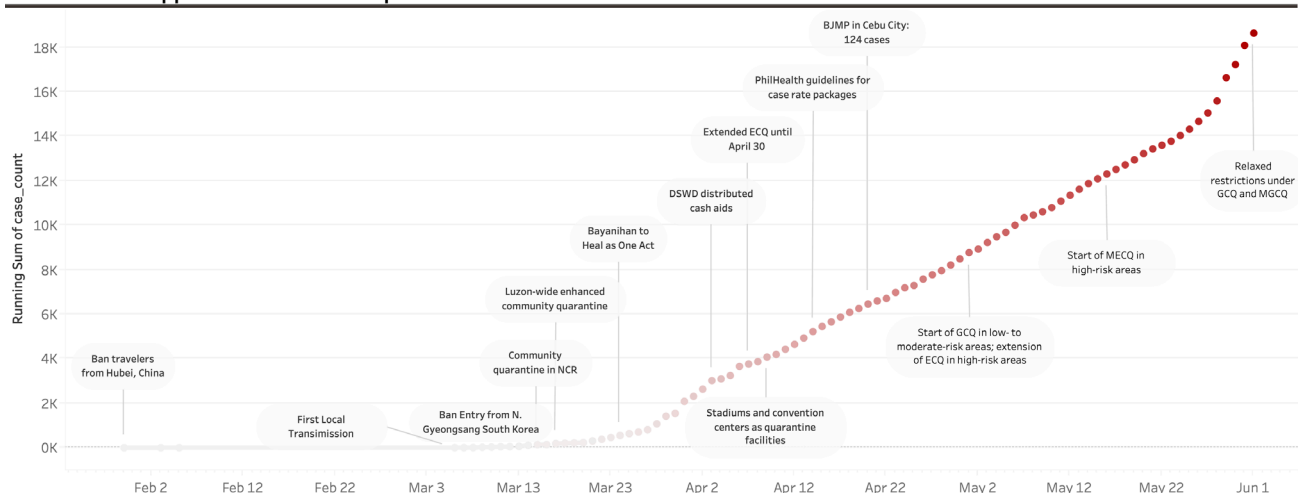


Figure 1. ActiveLink's Business Intelligence tool on Philippine government's response to COVID-19

The country eases lockdown restrictions even as the numbers of reported cases continue to steadily increase.

On May 29, the state health department reported 1,046 additional confirmed cases of COVID19, which is the highest single-day record. The government also announced that Metro Manila – the center of the virus infection in the country – will be placed under more relaxed restrictions, or general community quarantine (GCQ), starting June 1.

The Department of Health (DOH) explained that out of 1,046 cases, only 46 were “fresh cases,” or results that were released within the past 3 days. The remaining 1,000 were “late cases,” or test results that had come out more than 4 days earlier but were only recently validated by the Epidemiology Bureau.³

More than 11 weeks since the community quarantine, more than 18,000 people in the Philippines have tested positive for COVID-19. Of 18,638 coronavirus cases, 3,979 have recovered and 950 have died. The country's fatality rate stands at 5.2%.

According to the DOH, about half of the people who died of COVID-19 in the country had at least one underlying health condition. The leading comorbidities are hypertension and diabetes.⁴

Studies have shown that people with diabetes have a higher chance of getting serious complications if they get infected with the coronavirus. Apparently, the fluctuation of their blood sugar levels weakens their immunity.⁵

In 2019, the International Diabetes Federation recorded almost 4 million Filipino adults with diabetes,⁶ which remains one of the leading causes of death among adults in the country, according to the Philippine Statistics Authority.

In the Philippines, people with comorbidities such as diabetes are ordered not to leave the house except when they need to avail of essential goods or services. Aside from people with comorbidities, those age 60 and above, below 21 years old, pregnant women, and those living with the mentioned most-at-risk groups are also under stay-at-home orders.

COVID-19 testing in the Philippines

The DOH mentioned that the additional licensed laboratories have contributed to the consistently high numbers of reported coronavirus cases in the past few days. As of May 28, there were 37 licensed RT-PCR laboratories across the country.

The highest number of daily samples tested for COVID-19 was 11,254. These tests were conducted last May 14.⁷

For every one million people, the Philippines had tested 2,887 individuals. Of those tested, 143 have been infected for every one million population. This sets the rate of confirmed cases per test at 4.9%.

Medical Updates

While the world waits for a COVID-19 vaccine, a faster option shows promise in the sidelines: monoclonal antibody therapy (MAT).

MAT, like convalescent plasma therapy, works by putting ready-made antibodies into the body. This means the recipient gets protection almost immediately.

In contrast, vaccines require a few days or even weeks before the body is able to produce the antibodies you need. Vaccines also don't work equally well in immunocompromised people, because their immune systems are no longer strong enough to produce sufficient antibodies in the first place.

But although MAT relies on the same principle as convalescent plasma therapy, these two are not the same. For plasma therapy, you need to get blood from a person and remove all the red blood cells, white blood cells, and platelets. What's left is mostly water and the antibodies.

This sounds like a quick and simple treatment, but two things make plasma therapy unsustainable. First, you'll need to find a special kind of blood donors: people who have already gotten sick and were able to recover from COVID-19. That in itself is a huge challenge.

Second, the quality of donors' antibodies will vary – some donors will have strong antibodies, but others will have weak ones that don't help very much.

MAT does not require blood donors. It requires only a single immune cell – specifically, the B-cell that is specific to fighting COVID-19. Once you have that one Bcell, you clone it; hence the term "monoclonal." Now each cloned B-cell will produce the antibodies you need to fight COVID-19.

The challenge for researcher now is to find the correct B-cell to clone. Monoclonal antibody production can be an expensive procedure, so one cannot simply clone every B-cell they find in convalescent plasma.⁸

What you should do and why

As people begin coming back to work, public transportation remains severely limited.

Even before COVID-19, commuting to work was already hellish for everyone who worked in Metro Manila. And then, when we thought it couldn't get any worse, it did.

Now commuting is not just unbelievably hard – it also poses a direct threat to our own health and to the health of the families we come home to. People are well aware that if they get hospitalized, even with health insurance, they will likely still need to shell out an amount they cannot afford to get COVID-19 treatment.

Therefore, if we find that employees are extremely reluctant to come to the office even after the lockdowns have been eased, we need to remind ourselves that their reasons are valid and significant.

If we need people to come to the office to work, it is on us to give them safe ways to get to work, whether by providing transportation or accommodation.

Most employees are willing to work. This is why they signed up for their current jobs in the first place – but this condition of putting themselves and their families in clear and mortal danger every day they go to work was never part of what they signed up for.

PhilHealth, HMO and group life insurance coverage

The Philippine Health Insurance Corporation (PhilHealth) will shoulder the cost of treatment for patients with COVID-19 based on a case-rate package, including COVID-19 testing.

The state-run insurance agency has also clarified that patients may use their health insurance coverage and mandatory discounts, such as senior citizen and PWD discounts, to help substantially cover the cost of treatment.

As of May 15, the following HMO providers and healthcare administrator confirmed that they will continue to cover ailments related to COVID-19, based on the allowable limit of the member's policy:

- Intellicare
- Maxicare
- Avega
- PhilCare
- Cocolife
- Etiqa

HMO providers will only cover ailments in accredited hospitals. Meanwhile, ailments in government-owned hospitals are not covered, and reimbursement claims are subjected for approval.

These group life insurance providers will also cover loss of life due to COVID-19, as of April 17:

- Manulife Philippines
- Etiqa
- Generali

Please take note that the above provisions are based on the notification sent by HMO, medical insurance and group life insurance providers, which are subject to change without prior notice.

Meanwhile, HMO providers are operating with a skeletal workforce; hence, members may experience delay in contacting their HMO providers' call center hotlines.

1. Maxicare

Customer Care Hotlines: (02) 8582-1900, (02) 7798-7777

Provincial Toll-Free Hotline: 1-800-10-582-1900 (PLDT), 1-800-8-582-1900 (Globe)

Online Member Gateway for LOA issuances: membergateway.maxicare.com.ph

All Maxicare Helpdesks are temporarily closed, while some primary care centers are open from Monday to Sunday, 7 AM to 7 PM.

2. Intellicare

24/7 Call Center Hotline: (02) 7902-3400, (02) 8789-4000

3. PhilCare

Customer Service: (02) 8462-1800

COVID Care Helpline: (02) 8462-1818

4. Etiqa (formerly AsianLife)

Primary care centers are closed until further notice. For urgent medical availments, members may call the following:

Medical Information Center Hotline: (02) 8895-3308

Provincial Toll-Free Hotline: 1-800-10-8895-3308 (PLDT)

Mobile No.: 0917-5208919, 0908-8834901

Email: mic@etiqa.com.ph (for Certification of Coverage and LOA issuances)

5. Cocolife

Landline: (02) 8812-9090, (02) 8396-9000

SMS: 0917-622-COCO

Call: 0917-5360962 (Globe), 0908-8947763 (Smart), 0922-8928828 (Sun)

Hospital Network

Emergency cases during the COVID-19 pandemic

It was recently reported that some hospitals have refused patients despite their being emergency cases. Here are some pointers to prevent this from happening to you:

1. For non-COVID-19 cases, avoid bringing the patient to a COVID-19 referral hospital. You may find the list of COVID-19 referral hospitals [here](#).
2. For probable or suspected COVID-19 cases, inform your Barangay Health Emergency Response Team (BHERT) so that they can assist you in transporting the patient to the nearest hospital. Don't forget to also get in touch with your HMO provider for proper handling and coordination of benefits.

As of April 17, 2020, these hospitals are **at full capacity** and can no longer admit patients who are positive with COVID-19:

1. St. Luke's Medical Center – BGC and Quezon City
(outpatient COVID-19 testing can be accommodated)
2. The Medical City
3. Makati Medical Center
4. Asian Hospital Medical Center
5. Chinese General Hospital and Medical Center
6. Victor R. Potenciano Medical Center
7. De Los Santos Medical Center
8. Capitol Medical Center
9. United Doctors Medical Center
10. De La Salle University Medical Center
11. Our Lady of the Pillar Medical Center
12. Medical Center Imus
13. Bautista Hospital
14. De La Salle University - Rodolfo Poblete Memorial Hospital
15. N.L. Villa Memorial Medical Center

Meanwhile, here are some hospitals currently accommodating and handling COVID-19 cases:⁹

NCR

PRIVATE HOSPITAL	ADDRESS	CONTACT NO.
Fatima University Medical Center	20 MacArthur Highway, Valenzuela City	(02) 8291-6538
Cardinal Santos Medical Center	10 Wilson, Greenhills West, San Juan City	(02) 8727-0001
University of the East Ramon Magsaysay Memorial Medical Center	64 Aurora Blvd., Quezon City	(02) 8715-0861
Diliman Doctors Hospital	251 Commonwealth Ave., Matandang Balara, Quezon City	(02) 8883-6900
Manila Doctors Hospital	667 United Nations Ave, Ermita, Manila	(02) 8558-0888
University of Santo Tomas Hospital	España Blvd., Sampaloc, Manila	(02) 8731-3001
Our Lady of Lourdes Hospital	46 P. Sanchez Street, Sta. Mesa, Manila	(02) 8716-8001 to 20
Adventist Medical Center – Manila	1975 Donada cor. San Juan St., Pasay City	(02) 8525-9191
San Juan de Dios Education Foundation, Inc. Hospital	Service Rd, 2772 Roxas Blvd., Pasay City	(02) 8831-9731 to 36, 02) 8831 5641
Veterans Memorial Medical Center	North Ave., Diliman, Quezon City	(02) 8927-6426
Metropolitan Medical Center	1357 G. Masangkay St. Sta. Cruz, Manila	(02) 8863-2500, (02) 8254-1111
Medical Center Manila (ManilaMed)	850 United Nations Avenue, Ermita, Manila	(02) 8523-8131
St. Clare’s Medical Center	1838 Dian St. cor. Boyle St., Makati	(02) 8831-6511
Fe Del Mundo Medical Center	11 Banawe St., Brgy. Doña Josefa, Quezon City	(02) 8712-0845 to 50, (02) 8712-2552 to 53, (02) 8732-7103
FEU – Dr. Nicanor Reyes Medical Foundation	Regalado Ave. cor. Dahlia St., West Fairview, Quezon City	(02) 8983-8338
New Era General Hospital	Commonwealth Ave, New Era, Quezon City	(02) 8932-7387
Alabang Medical Clinic	297 Montillano St., Alabang, Muntinlupa City	(02) 8842-0680 0917-7123400 0933-851 4427
Las Piñas Doctors Hospital	8009 CAA Rd., Pulanglupa II, Las Piñas	(02) 8825-5236, (02) 8825-5293

Outside NCR

PRIVATE HOSPITAL	ADDRESS	CONTACT NO.
Qualimed - Sta. Rosa Hospital	W, E Nature Ave., Santa Rosa City, Laguna	(049) 303-0000
Our Lady of Mt. Carmel Medical Center	Km.78 McArthur Highway Brgy. Saguin, San Fernando, Pampanga	(045) 435-2420
Bataan St. Joseph Hospital and Medical Center	151 Don Manuel Banzon Avenue, City of Balanga, Bataan	(047) 237-0226
Urdaneta Sacred Heart Hospital	15 MacArthur Highway, Urdaneta, Pangasinan	(075) 656-2296
Ace Dumaguete Doctors, Inc.	Claytown Road, Dumaguete City, Negros Oriental	(035) 523-5957
Daniel O. Mercado Medical Center	1 Pres. Laurel Highway, Tanauan City, Batangas	(043) 778-1810, (043) 405-1000
Dr. Pablo O Torre Memorial Hospital	BS Aquino Dr, Bacolod, Negros Occidental,	(034) 433-7331
Clinica Antipolo Hospital and Wellness Center	L. Suumulong Memorial Circle., Antipolo City	(02) 8695-9486
Divine Grace Medical Center	Antero Soriano Highway, General Trias, Cavite	(046) 482-6888
Nueva Ecija Doctors Hospital	AH 26, Cabanatuan City, Nueva Ecija	(044) 960-5500
Perpetual Help Medical Center-Binan	National Highway, Sto. Nino, Binan City, Laguna	(049) 531-4475
San Pedro Calungsod Medical Center	Kalayaan Rd. Kawit, Cavite	(046) 484-3112
The Medical City South Luzon	L. United Blvd., Santa Rosa City, Laguna	(049) 544-0120
The Medical City Iloilo	Locsin St. Molo, Iloilo City	(033) 500-1000
Angono Medics Hospital	Rainbow Village 1, Quezon Ave., Brgy. San Isidro, Angono, Rizal	(032) 451-1996
Batangas Health Care Hospital Jesus of Nazareth	Gov. Antonio Rd., Batangas City	(043) 723-4144
Binakayan Hospital and Medical Center	179 Covelandia Rd. Balsahan-Bisita, Kawit, Cavite	(046) 516-0500
Binangonan Lakeview Hospital	193 Manila East Rd., Binangonan, Rizal	(02) 8570-0791
Cavite Medical Center	Manila-Cavite Rd., Dalahican, Cavite City	(046) 431-9988

Please contact your HMO provider or log in to your Benefits Made Better (www.benefitsmadebetter.com) account to know if these facilities are accredited by your HMO provider.

Government Guidelines and Instructions

Expanded targeted testing

The Department of Health (DOH) issued the revised guidelines on risk-based targeted testing for COVID-19. The guidelines set the priority of individuals who can be tested using RT-PCR.¹⁰

The individuals who are considered at risk of contracting COVID-19 and need to be tested are as follows:

- All symptomatic and asymptomatic individuals with relevant travel history and exposure/contact
- Healthcare workers with possible exposure, whether symptomatic or asymptomatic
- All returning overseas Filipinos
- Those who tested positive under rapid antibody testing

The following exposures should have happened 2 days before or within 14 days from the onset of symptoms of a confirmed or probable case:

- Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes
- Direct physical contact with a confirmed case
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper PPE

The subgroups below are arranged in the order of greatest to lowest need for testing:

- **Subgroup A:** Patients or healthcare workers with **severe/critical** symptoms and relevant history of travel or contact.
- **Subgroup B:** Patients or healthcare workers with **mild** symptoms, relevant history of travel or contact, and considered **vulnerable**.
The considered vulnerable individuals are those aged 60 above, with high-risk pregnancy, immunocompromised, and with underlying conditions or comorbidity.
- **Subgroup C:** Patients or healthcare workers with **mild** symptoms and relevant history of travel or contact.
- **Subgroup D:** Patients or healthcare workers with **no symptoms** but with relevant history of travel or contact.

Considering the global shortage of available RT-PCR test kits, subgroups A and B will be prioritized, including healthcare workers in subgroup C.

Rapid antibody-based kits should not be used as standalone tests to rule out COVID-19. The expanded use of rapid antibody-based test kits shall be explored through validation and studies, particularly for use in **subgroup D (asymptomatic with travel or contact)**.

DOH return-to-work guidelines on testing

The DOH does not require employees to undergo COVID-19 testing before returning to work. However, as testing guidelines remain targeted to individuals showing symptoms, employers must advise symptomatic employees to undergo testing.¹¹

Returning employees or those physically reporting to their place of employment shall be screened for symptoms of COVID-19 or types of exposures:¹²

- Fever, cough, colds, and other respiratory symptoms
- Relevant history of travel or exposure within the last 14 days

The DOH guidelines also provided a sample decision matrix for asymptomatic employees with relevant travel history or exposure (close contact):

1. RT-PCR as baseline

RT-PCR Result	Action
Positive	<ul style="list-style-type: none">• Isolate, manage and refer accordingly• All close contacts shall be isolated and tested with RT-PCR as well
Negative	May continue working with usual precautions

If employee develop symptoms, test using RT-PCR. Cost of testing for symptomatic returning employees shall be subject to PhilHealth policies. All costs not covered by PhilHealth shall be shouldered by the employer.

2. Rapid antibody test every 14 days

IgM	IgG	Action
(-)	(+)	Employee may continue working with the usual precautions
(-)	(-)	
(+)	(+)	
(+)	(-)	<ul style="list-style-type: none">• Isolate for 14 days• Repeat testing on day 14 of quarantine:<ul style="list-style-type: none">○ If results are still IgM (+) and IgG (-), extend quarantine by seven-day increments and repeat testing.○ If persistently IgM (+) but IgG (-) for 2 consecutive retestings, consider potential false positives and confer with infectious diseases specialists.

General and modified general community quarantine

Starting June 1, the country enters a more relaxed lockdown that will allow some sectors to resume business operations. The lockdown measures are based on the risk-level classifications presented by the Inter-Agency Task Force (IATF).¹³

The following areas will be placed under general community quarantine (GCQ) until June 15, according to IATF's resolution on May 29:

Luzon

- Pangasinan
- Provinces in Region II
- Provinces in Region III
- Provinces in Region IV-A

Visayas

- Provinces in Region VII

Mindanao

- Zamboanga City
- Davao City

Meanwhile, all cities and the municipality of Pateros in the National Capital Region (NCR) are placed under GCQ until June 15. For Cebu City, the local government must submit their plans on zoning in high-risk barangays in the city.

The rest of the areas not mentioned in the resolution are classified as low-risk provinces and cities, which will be under a modified general community quarantine (MGCQ).

The differences between GCQ and MGCQ:

1. Public Health Standards

Both in GCQ and MGCQ, all residents must comply with the minimum public health standards. This includes the wearing of face masks in public places, observing physical distancing, and checking of body temperature upon entering establishments, among others.

2. Movement

In areas under GCQ, the movement of people will be limited to accessing essential goods and services, and going to work in sectors permitted to operate.

The following individuals are still not allowed to leave their homes, unless they need to access essential goods and services or are allowed to work:

- Senior citizens
- Individuals below 21 years old
- Immunocompromised, with comorbidities and other health risks
- Pregnant women

In MGCQ areas, all individuals are allowed outside their homes, regardless of age and health status.

3. Transportation

For areas under GCQ, stringent sanitary measures must be observed:

- Wearing of face masks at all times
- Implementation of cashless payments
- Installation of thermal scanners
- Availability of alcohols and hand sanitizers in public utility vehicles (PUVs)
- Disinfection of high-touch surfaces in vehicles
- Installation of disinfection facilities in public transportation terminals
- Contact tracing

The transportation department mentioned that 2 phases will be executed in areas under GCQ:

Phase 1

- This phase is from June 1 to 21
- Trains and bus augmentation, taxis, transportation network vehicles (TNVs), shuttle services, point-to-point buses, and bicycles are allowed to operate with limited passenger capacity
- Tricycles will be allowed, subject to the approval of the concerned local government unit
- No provincial buses will be allowed to enter NCR

Phase 2

- This phase is from June 22 to 30
- All public utility buses (PUBs), modern PUVs, and UV express are allowed to operate with limited passenger capacity
- All transportation mentioned in Phase 1 are also allowed to operate

In MGCQ, road, rail, maritime, and aviation public transportation shall be allowed to operate at the capacity approved by the Department of Transportation (DOTr), provided that a strict 1-meter distance between passengers must be observed. Private vehicles will also be allowed, subject to the guidelines of the DOTr.

4. Education

K–12 Basic Education

- For GCQ areas, opening of classes will be allowed on August 24, provided that Basic Education Learning Continuity Plan will be enforced, and other modes of delivery will depend on the local risk severity classification of the areas, and schools must be in compliance with the minimum public health standards.
- For MGCQ areas, the Department of Education's (DepEd) Basic Education Learning Continuity Plan is adopted.

Higher Education Institutions

- For GCQ areas, no face-to-face classes will be held until August 31, and the opening of classes will be based on education delivery mode:
 - Institutions using full online education can open anytime
 - Institutions using flexible learning can open anytime in August
 - Institutions using significant face-to-face or in-person mode can open not earlier than September 1
 - No face-to-face or in-person classes until August 31
 - Private institutions are encouraged to change their academic calendar and open in August
- Face-to-face or in-person classes may be conducted in MGCQ areas, provided that there is strict compliance with the minimum public health standards.

Activities that involve mass gathering of students are still prohibited.

5. Mass gatherings

In GCQ, non-essential and entertainment-related mass gatherings remain prohibited, while religious gatherings should be limited to 10 people only, unless modified by the IATF.

Meanwhile, public gatherings are allowed in MGCQ areas, provided that the participants will be limited to 50% of the venue or seating capacity.

6. Exercises

For GCQ areas, individual or no-contact outdoor exercises are allowed, such as walking, jogging, running, biking, among others. Wearing face masks, physical distancing, and no sharing of equipment must be observed.

In MGCQ, Individual and group indoor and outdoor no-contact exercises will be allowed, such as golf, tennis, table tennis, swimming, and other similar exercises. Wearing face masks, physical distancing, and no sharing of equipment must still be observed.

7. Business Sectors

The following sectors are allowed to operate in GCQ and MGCQ under the following capacity, provided that they follow the minimum public health standards:

Category 1

All industries under this category are allowed to operate in full or 100% capacity with safety protocols in both GCQ and MGCQ areas:

- Agriculture, forestry, and fishery
- Food and medicine value chain

- Manufacturing and processing of food, food products, medicines, vitamins, medical supplies, medical devices, and other essential products
- Food preparation and establishments
 - GCQ: Takeout and delivery only
 - MGCQ: Dine-in at 50% seating capacity
- Dental, optometry, and other medical services, including veterinary
- Banks, money transfer, microfinance institutions, and cooperatives, including armored vehicles
- Logistic sector
- Capital markets
- Power, energy section, information technology, including their third-party contractors
- Laundry shops
- Property management, and building utility services, including waste disposal
- Telecommunication companies, internet services, and cable TV providers, including their third-party contractors
- BPOs and other export services
- Airlines and shipping, including maintenance
- Media
- Essential and priority public and private constructions
- Construction manufacturing and supplies (cement and steel)
- Funeral and embalming
- Security personnel
- Mining and quarrying

Category 2

All industries under this category are also allowed to operate in full or 100% capacity with safety protocols in both GCQ and MGCQ areas:

- Other manufacturing services
- Other delivery services, including private postal and couriers
- Real estate and leasing
- Administrative and office support (photocopying, billing, etc.)
- Other finance services
- Legal and accounting
- Management consultancy
- Architectural and engineering, including technical testing and analysis
- Science and technology
- Recruitment agencies for overseas Filipino workers
- E-commerce
- Rental and leasing, other than real-estate
- Employment activities for placement and recruitment of permitted sectors
- Repair of computer, personal or household goods
- Housing services activities

Category 3

For MGCQ, all sectors under this category may operate at full capacity with safety protocols, while in GCQ, sectors are only allowed to operate onsite at 50% capacity.

- Advertising and market research
- Computer programming and information management
- Other publishing and printing
- Film, music, and TV production
- Photography, fashion, industrial, graphic and interior design
- Wholesale and retail trade of all means of transportation, including parts, repair and maintenance
- Malls and commercial centers
- Hardware, clothing and accessory, bookstore and office supplies, infant care supplies
- IT communications and electronic equipment
- Flower, jewelry, novelty and perfume shops
- Toy stores
 - GCQ: playgrounds shall remain closed
- Firearms and ammunition trading
- Other leisure services
- Other non-leisure wholesale and retail establishments

Category 4

For MGCQ, all sectors under this category are only allowed to operate onsite at 50% capacity. For those in GCQ areas, these sectors are still not allowed to operate.

- Gyms, fitness, studios, sports facilities
- Cinema, theater, karaoke and bars. For MGCQ, only 50% of the venue or seating capacity
- Kid amusement
- Libraries, museums, and cultural centers
- Tourist attraction
- Travel agencies, tour operator, and reservation services
- Barber shops and salons¹²
 - GCQ: this industry may begin to reopen on June 7 at 30% operational capacity. The operational capacity may increase to 50%, provided that the venue capacity allows social distancing. The gradual increase shall be scheduled every 2 weeks from the effectivity date of the resolution subject to the assessment of the IATF.
 - MGCQ: allowed with 50% operational capacity and may be increased up to 100% operational capacity after 3 weeks.
- Personal care services such as massage, sauna, facial care and waxing. For MGCQ, only 50% of the venue or seating capacity
- Hotels and similar establishments

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