

COVID-19

HEALTH BULLETIN

August 10, 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.

Table of Contents

State update on coronavirus outbreak	01
Medical Updates	05
PhilHealth, HMO and group life insurance coverage	06
HMO Coverage on PPEs	06
PhilHealth and HMO coverage for COVID-19 cases	07
Hospital Network	09
Your healthcare and benefits assistant	11
Strategies and guidelines	12
References	15

COVID-19 Update

AS OF AUGUST 10, 2020

No. of cases worldwide: 19,687,156¹

No. of deaths: 727,435 (3.7%)¹

Confirmed cases in the Philippines: 136,638²

State update on coronavirus outbreak

Days since 10,000th Case per Country

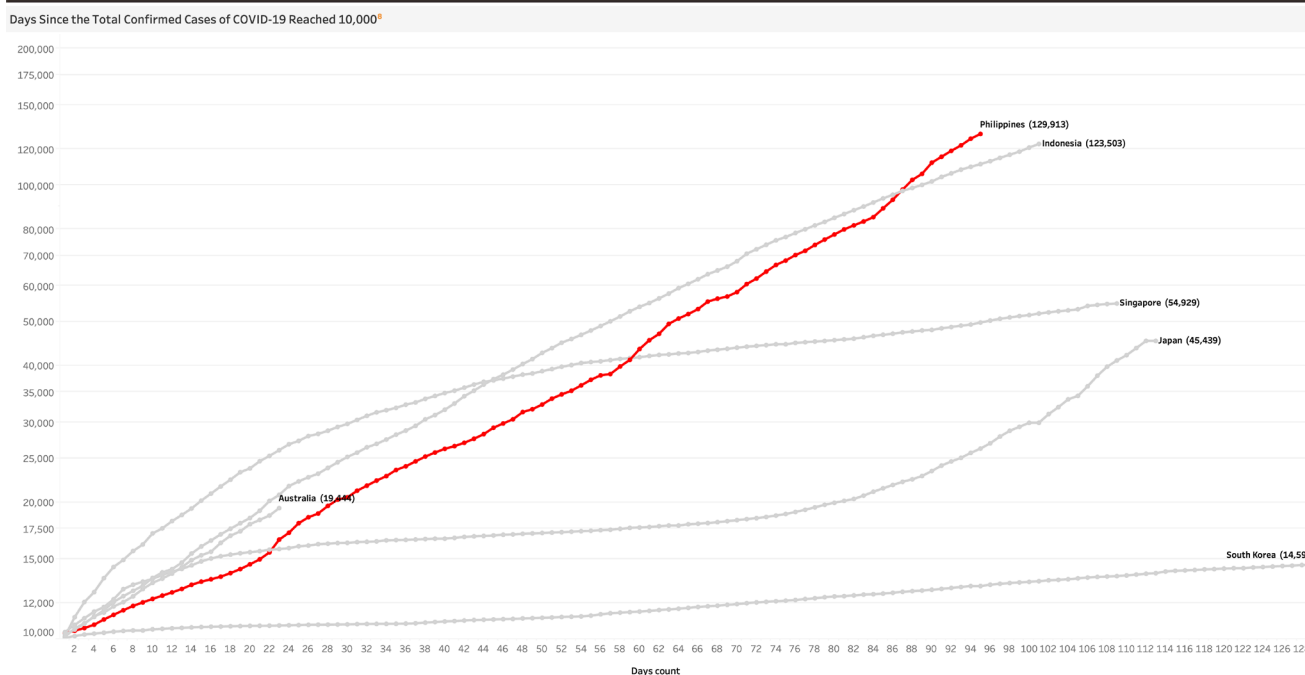


Figure 1. Number of cases days after the 10,000th case (August 9, 2020)

This week, the number of coronavirus cases in the country surpassed 130,000. As of August 10, the country's total number of confirmed COVID19 cases stood at 136,638. Of these cases, 68,159 have recovered and 2,294 have died.

The Philippines now has the highest number of coronavirus cases in the Western Pacific region, outnumbering Indonesia's 123,503 cases and China's 89,151 cases as of August 9.

The National Capital Region (NCR) and the provinces of Laguna, Cavite, Rizal, and Bulacan have reverted to modified enhanced community quarantine (MECQ) from August 4 to August 18, after the spike in coronavirus cases and the medical frontlines' appeal to the government.

The nationwide medical community proposed that ECQ reimplement be used to refine the government's pandemic strategy.

Daily Confirmed Cases in the Philippines

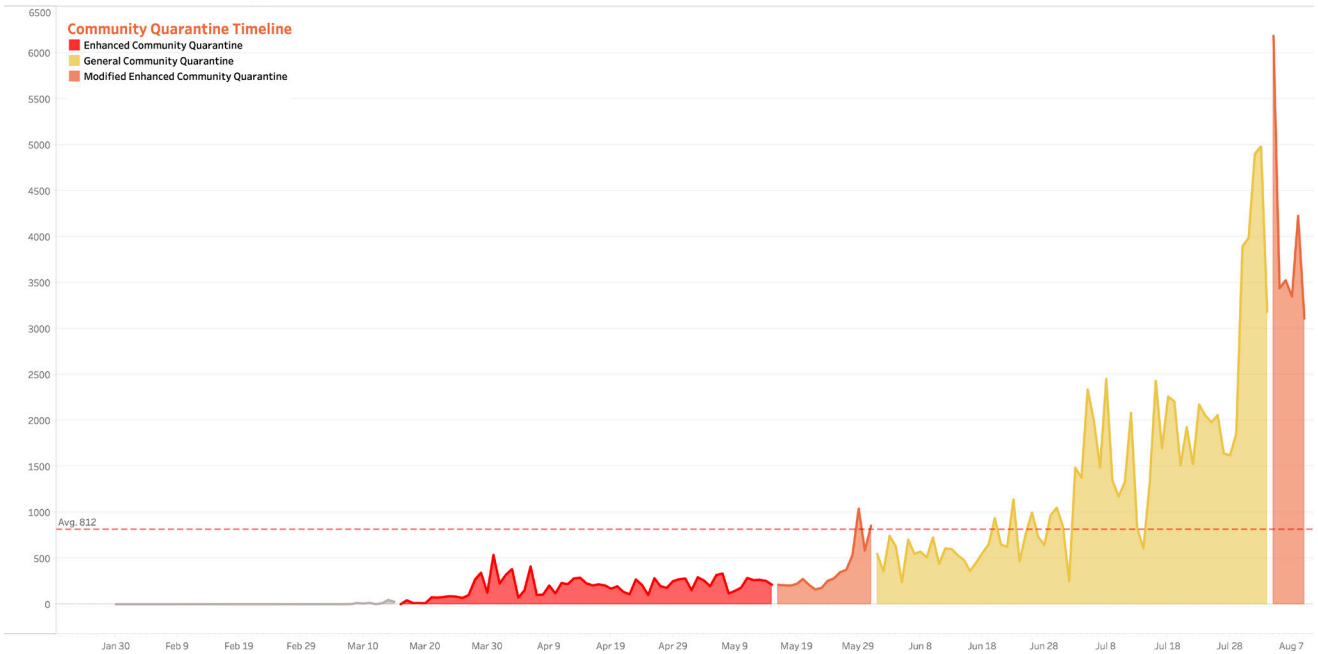


Figure 2. Trend of daily confirmed COVID19 cases and community quarantine in the National Capital Region (August 9, 2020)

Mass recovery tags

Last July 30, the Department of Health (DOH) tagged more than 38,000 patients as recovered. The DOH explained that this is due to their “massive data reconciliation efforts, which resulted in faster and more accurate tagging of health statuses – particularly on deaths and recoveries.”³

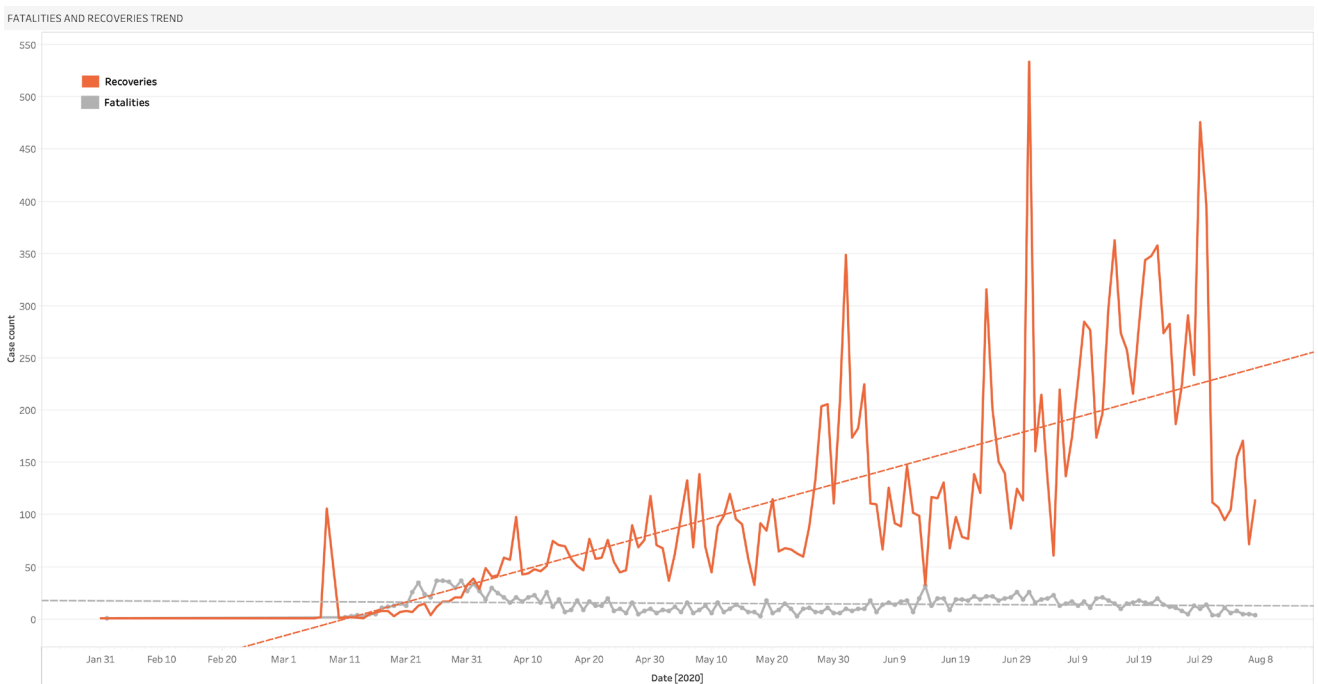


Figure 3. Trend of daily number of COVID-19 recoveries and deaths (August 9, 2020)

The state health agency reiterated that this is part of existing clinical guidelines based on the procedures set by the World Health Organization (WHO) and US Centers for Disease Control and Prevention (CDC).

The guidelines mention that repeat testing is no longer needed to discharge and tag a suspect, probable or confirmed COVID-19 case as recovered, provided that:

Symptomatic patients:

- No longer symptomatic for at least 3 days
- Completed at least 14 days of isolation at home, temporary treatment and monitoring facility, or hospital
- A licensed doctor clears the patient for discharge and symptoms

Asymptomatic patients but RT-PCR positive:

- Remain asymptomatic for at least 14 days (can discontinue quarantine)
- A licensed doctor clears the patient for discharge and symptoms

Further, the WHO’s latest criteria for releasing COVID-19 patients from isolation state that retesting is no longer a requirement to discharge COVID-19 patients.⁴

The updated criteria follow the findings that patients who are no longer symptomatic – despite still testing positive for COVID-19 – are unlikely to be infectious after at least 10–13 days. Therefore, they can be discharged from isolation.⁵

RECOMMENDATIONS	WHO CRITERIA FOR DISCHARGE
Initial recommendation (January 12, 2020)	Patient must: <ul style="list-style-type: none"> • be clinically recovered; and • have 2 negative RT-PCR results, at least 24 hours apart
Updated recommendation (May 27, 2020)	Criteria for discharging patients without the need for retesting: <ul style="list-style-type: none"> • Symptomatic cases – 10 days after symptom onset, plus 3 more days without symptoms (such as fever and other respiratory symptoms) • Asymptomatic cases – 10 days after positive test for SARS-CoV-2

The new WHO recommendation follows both symptom- and time-based strategies to rule out the possible infection transmission of SARS-CoV-2. Per WHO, the viral load in the patient's upper respiratory tract peaks within the first week of the infection, followed by gradual decline over time. By the second week, the viral load seems to peak in feces and the lower respiratory tract.

Similarly, Singapore's Ministry of Health uses the time-based criteria for releasing patients without the need for RT-PCR retesting. According to Singapore, 14 days after symptom onset, a PCR test may still pick up fragments of the COVID-19 virus RNA. These RNA fragments are no longer transmissible to others, which means "the patient is no longer infectious beyond this period."⁶

Singapore's extra precaution discharge is after 21 days or more:

- As an extra precaution, patients who are assessed to be clinically well after 21 days from the onset of illness can be discharged from the community or hospital isolation without the need for further tests
- Patients are still required to stay at home for another 7 days to rest and recover
- After day 28, recovered individuals can return to work

All these criteria are applicable only if the patient initially tested positive using RT-PCR and is receiving treatment in community isolation facilities, hospital or at home. The DOH guidelines prioritizes testing of individuals exhibiting mild or severe respiratory symptoms and have close contact with a confirmed COVID-19 case.

Medical Updates

- The results of a study published by JAMA Internal Medicine in the first week of August suggest that many individuals with COVID-19 remain asymptomatic up to 26 days after diagnosis and still carry the same viral load as symptomatic patients. Future WHO recommendations might be modified based on the results of such studies, if these results are validated.⁷
- A separate study, published by Science Translational Medicine, also in the first week of August, reports a newly engineered antiviral compound that may be used to fight SARS-CoV-2 infection.⁸ Although the world is currently focused on a COVID-19 vaccine, our scientists have not stopped looking for a cure either.

PhilHealth, HMO and group life insurance coverage

HMO Coverage on PPEs

Due to the demand for extra protection for those who are administering healthcare services during the COVID-19 pandemic, ActiveLink reached out to HMO providers to clarify if the personal protective equipment (PPE) used in ailments are covered by HMOs. Provided below are the HMO provider's response:

- **PhilCare** will cover PPE charges for outpatient, inpatient, and emergency cases, provided that the PPEs were utilized by COVID-19 patients or individuals who are probable or suspected with COVID-19. Otherwise, all PPEs utilized for non-COVID-19-related cases are not covered and become miscellaneous items, since PPEs are not medically necessary in such conditions. (As of June 15, 2020)
- **Intellicare and Avega** will cover PPE charges for inpatient and emergency cases for COVID-19 and related cases only. PPEs used for non-COVID-19 cases will not be covered and may be charged to the patient. (As of June 17, 2020)
- **Etiqa** will cover PPE charges for emergency and inpatient ailments on COVID-19 and related cases only, subject to the usual coordination of benefits, limits of the plan, and applicable PhilHealth coverage. PPEs used for outpatient and diagnostic services may be charged to the patient, depending on the existing policy of the healthcare plan. (As of June 17, 2020)
- **Maxicare** mentions that some hospitals and clinics may charge additional fees for services or items that are not covered by Maxicare, such as:
 - o Requiring members to undergo COVID-19 testing prior to consultation
 - o Charging the costs of PPE to patients

While it is possible that these extra measures adhere to the clinic or hospital's safety protocols, the additional costs will not be reimbursed by Maxicare, because these deviate from the testing protocol prescribed by the Department of Health (DOH) and are not part of Maxicare's coverage. (As of June 25, 2020)

PhilHealth and HMO coverage for COVID-19 cases

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 June 6, the following HMO providers and healthcare administrator confirmed that they will continue to cover availments related to COVID-19, based on the allowable limit of the member's policy:

- Intellicare
- Maxicare
- Avega
- PhilCare
- Cocolife
- Etiga

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

Per PhilHealth's circular, HMO coverage will be deducted first from the hospital bill, and then the PhilHealth benefits.⁹

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

- Manulife Philippines
- Etiga
- 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.
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 August 3, 2020, these hospitals are **at full capacity** and can no longer admit patients who are positive with COVID-19:

City of Manila

- Hospital of the Infant Jesus
- Manila Doctors Hospital
- Medical Center Manila, Inc.
- Metropolitan Medical Center
- Our Lady of Lourdes Hospital

Mandaluyong City

- Dr. Victor R. Potenciano Medical Center

Marikina City

- Marikina Valley Medical Center

Pasig City

- The Medical City
- Tri-City Medical Center

Quezon City

- Allied Care Experts Medical Center – Quezon City
- Capitol Medical Center
- Commonwealth Hospital and Medical Center
- Delos Santos Medical Center
- Diliman Doctors Hospital, Inc.
- Dr. Fe del Mundo Medical Center
- Dr. Jesus C. Delgado Memorial Hospital
- FEU Dr. Nicanor Reyes Medical Foundation, Inc.

- Metro North Medical Center
- Novaliches General Hospital
- Providence Hospital, Inc.
- St. Luke's Medical Center
- UERM Memorial Medical Center
- World Citi Medical Center

San Juan City

- Cardinal Santos Medical Center

Caloocan City

- MCU-FDT Medical Foundation Hospital

Las Piñas City

- University of Perpetual Help Dalta Medical Center, Inc.

Makati City

- Makati Medical Center

Muntinlupa City

- Asian Hospital and Medical Center
- Medical Center Muntinlupa, Inc.

Parañaque City

- The Premier Medical Center

Pasay City

- San Juan de Dios Hospital

Pateros

- Allied Care Experts Medical Center – Pateros

Taguig City

- Medical Center of Taguig City, Inc.
- St. Luke's Medical Center – Global City

Rizal

- Fatima University Hospital, Antipolo
- Manila East Medical Center

For a list of HMO-accredited facilities, please log in to your Benefits Made Better account (www.benefitsmadebetter.com) or ActiveLink mobile app account.

Your healthcare benefits assistant

The ActiveLink mobile application gives users a convenient healthcare benefits assistant. The application aims to empower employees by providing easy access to key HMO information, searchable directories of accredited facilities, and the latest health and wellness trends.

ActiveLink app features to support COVID-19 communications

We are taking these steps to deliver important updates and publish communications and advisories to your employees amidst the community quarantine:



COVID-19 Health Declaration Form

The ActiveLink app offers a contactless in-app health symptoms checker for easy access. All gathered data are linked to the Business Intelligence dashboard for daily monitoring and report generation.



Benefits Communications

With our built-in content management system, ActiveLink can push communications in real time. You and your employees will get to read announcements and advisories straight from the app.



Knowledgebase and Admin Connect

(<https://helpdesk.benefitsmadebetter.com/en>)

We also offer an online library, or Knowledgebase, where we publish latest updates and information about COVID-19.

Strategies and guidelines

Managing workplace fatigue during COVID-19

The US Centers for Disease Control and Prevention shared the following strategies for both employers and employees to manage workplace fatigue:¹⁰

Steps that employers may take to reduce workplace fatigue for workers:

- Recognize that these are stressful and unusual circumstances, wherein risk for fatigue may be increased.
- Create a culture of safety with clear coordination and communication between management and workers. The company can establish a Fatigue Risk Management Plan. Share and ensure that employees understand the processes.
- Spot the signs and symptoms of fatigue (e.g., yawning, difficulty keeping eyes open, inability to concentrate) in yourself and your employees and take steps to mitigate fatigue-related injury or error.
 - The [Epworth Sleepiness Scale](#) is a short survey that may be shared to workers to quickly rate their fatigue.
 - Create a procedure that does not punish workers for reporting when they, or their coworkers, are too fatigued to work safely. Build team camaraderie as a way for management and staff to support each other.
 - Develop processes to relieve a worker from their duties if they are too fatigued to work safely.
 - If available, and if agreed to by the employees, consider assigning workers who are just starting their shifts onto safety-critical tasks.
 - If possible, rotate employees or groups of employees through tasks that are repetitive and/or strenuous. Tools or workstations that are unavoidably shared must be properly cleaned and disinfected between usage.
 - If possible, schedule physically and mentally demanding workloads and monotonous work in shorter shifts and/or during day shifts.
- Provide information for workers on the consequences of sleep deprivation and resources to assist workers in managing fatigue.
- Allow your staff enough time to organize their off-duty obligations and get sufficient rest and recovery.
 - Schedule at least 11 hours off between shifts (each 24-hour period), and one full day of rest per seven days, for adequate sleep and recovery.
 - Avoid penalizing those who may have restricted availability to work extra shifts/longer hours (e.g., caring for dependents).

- If rotating shift work is needed, use forward rotations (day to evening to night) and provide staff with sufficient notice when scheduling, particularly if there is a shift change.
- Avoid scheduling staff for more than 12 hours, if possible.
- Formalize and encourage regularly scheduled breaks in clean and safe areas where social distancing can be maintained. Recognize the need for additional time for increased hand hygiene and for putting on and taking off required personal protective equipment (PPE).
- Provide alternative transportation to and from work, and mandatory paid rest time prior to driving commutes after work, when possible.
 - Consider arranging nearby offsite housing for those working extended shifts and at high risk for COVID-19, such as healthcare workers. Nearby housing will reduce travel time, allowing for more time for rest and recovery.

Tips for employees when they feel fatigued:

- Recognize these are stressful and unusual circumstances and you may need more sleep or time to recover.
- Sleep in a room that is comfortable, dark, cool, and quiet.
- If it takes you longer than 15 minutes to fall asleep, set aside some time before bedtime to do things that will help you relax, such as meditating, relaxation breathing, and progressive muscle relaxation.
- Before you begin working a long stretch of shifts, try “banking your sleep” – sleeping several extra hours longer than you normally do.
- After you’ve worked a long stretch of shifts, remember it may take several days of extended sleep (e.g., 10 hours in bed) before you begin to feel recovered.
- Avoid sunlight or bright lights 90 minutes before you go to sleep, when possible. Exposure to light just before bedtime can cause you to feel more awake.
 - If you work a night shift and drive home during sunlight hours, try wearing sunglasses to reduce your exposure to sunlight during your drive home.
 - Consider using blackout shades at home when sleeping.
- Take naps when you have the opportunity.
 - A 90-minute nap before working a night shift can help prevent you from feeling tired at work.

- Eat healthy foods and stay physically active to improve your sleep.
- Before you go to sleep, avoid foods and drinks that can make falling asleep more difficult:
 - Avoid alcohol, heavy meals, and nicotine for at least 2–3 hours before bedtime.
 - Don't drink caffeine within 5 hours of bedtime.

What you can do if you feel too tired to work safely:

- Eat healthy foods and stay physically active to improve your sleep.
- Use a buddy system while you're at work. Check in with each other to ensure everyone is coping with work hours and demands.
- Watch yourself and your coworkers for signs of fatigue, such as yawning, difficulty keeping your eyes open, and difficulty concentrating. When you see something, inform your coworkers so that you can prevent workplace injuries and errors.
- Find out if your employer has a formal program to help you manage fatigue on the job. Read the program's information and ask questions to fully understand your employer's policies and procedures for helping employees manage fatigue.
- Report any fatigue-related events or close-calls to a manager to help prevent injuries and errors.
- Do not work if your fatigue threatens the safety of yourself or others. Report to a manager when you feel too tired to work safely.

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