

COVID-19

HEALTH BULLETIN

September 14, 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 SEPTEMBER 14, 2020

No. of cases worldwide: 28,637,952¹

No. of deaths: 917,417 (3.2%)¹

Confirmed cases in the Philippines: 265,888²

State update on coronavirus outbreak

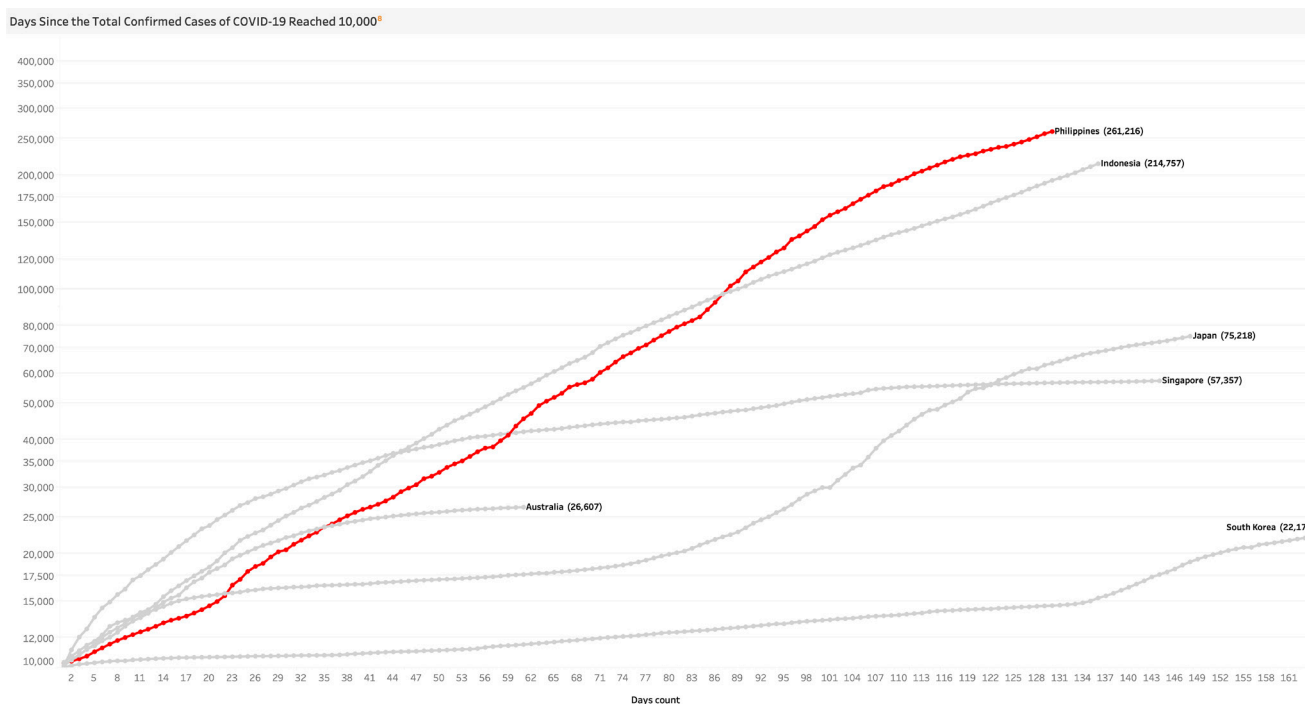


Figure 1. Number of cases days after the 10,000th case (as of September 13, 2020)

As of September 14, the Philippines has the highest number of coronavirus cases in Southeast Asia at 265,888. Of these cases, 207,504 have recovered and 4,630 have died.

The Department of Health reported that the country's reproduction number (R_t) is at 0.85, which means that each confirmed person with COVID-19 was infecting an average of 0.85 other persons around 2 weeks ago (August 27, 2020).³

As per World Health Organization's (WHO) criteria in adjusting public health and social measures during the COVID-19 pandemic, the reproduction number is one of the key measures in identifying if the virus transmission is controlled.

The effective reproduction number should be <1 for at least 2 weeks.

On September 6, CNN Philippines interviewed Dr. Guido David, a professor and fellow at the University of the Philippines (UP) OCTA Research Group, and reports that the virus transmission rate in the Philippines has lowered from 0.99 to 0.94 in the previous week.⁴

Though the virus transmission has slowed down based on overall data, the research group reminds the public not to be complacent as COVID-19 trends may change and can be reversed.

“The virus is still here, we’re still getting around 3,000 cases per day and so we have to sustain the momentum, to sustain the gain. So, we have to keep doing the right things and to not falter,” Dr. David said in his interview with CNN Philippines.

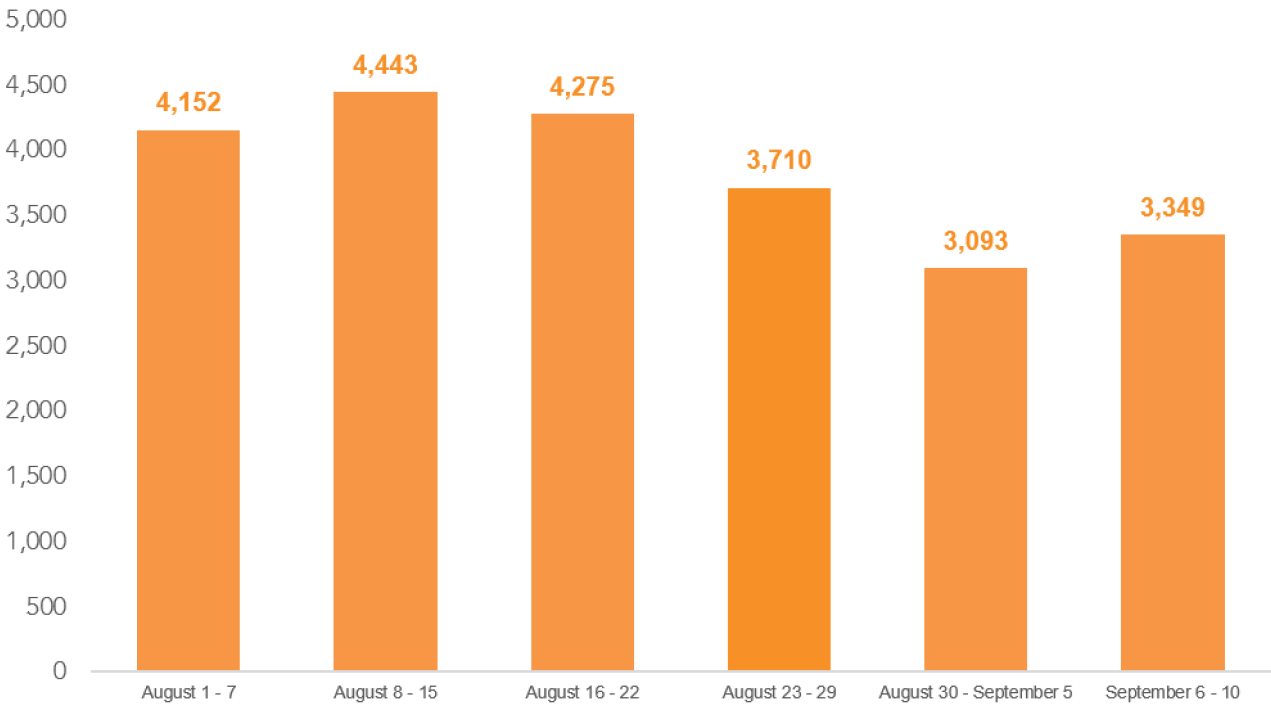


Figure 2. Philippines' 7-day average of new cases in August and September (as of September 13, 2020 data)

On a weekly comparison, the country's 7-day average of daily new cases decreased by the end of August and early September.

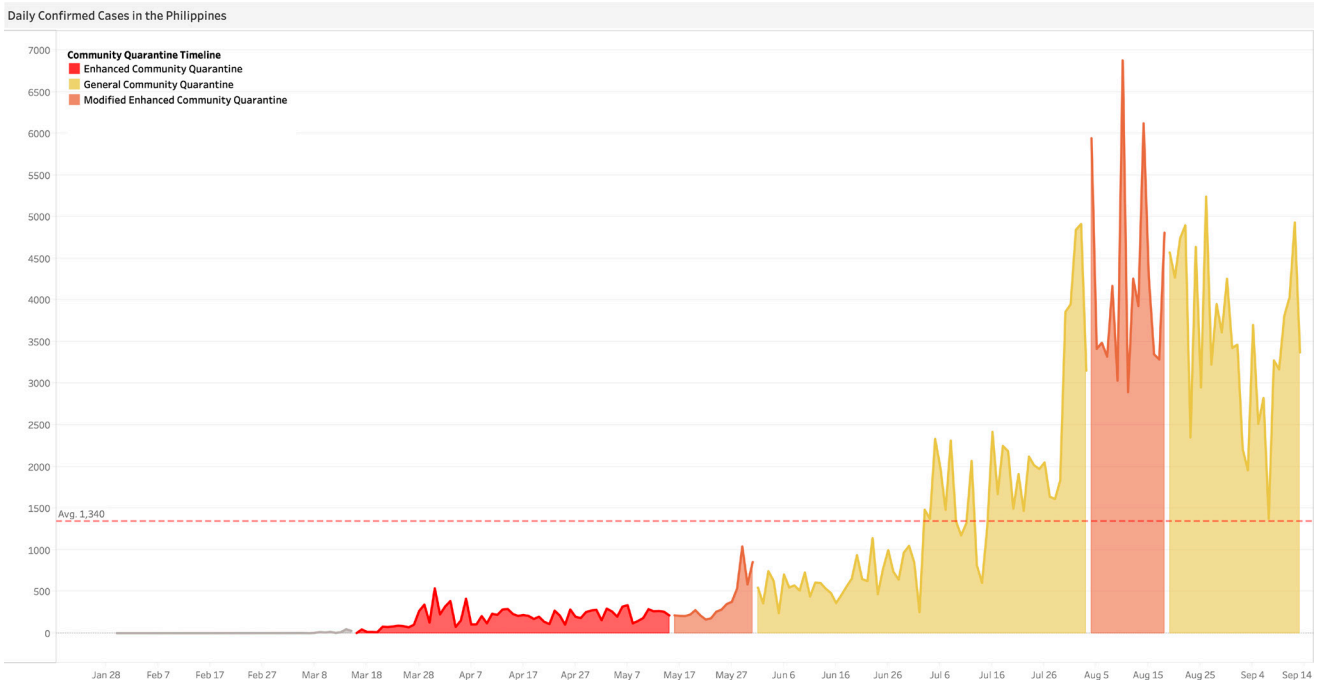


Figure 3. Trend of daily confirmed COVID19 cases and community quarantine in the National Capital Region (data as of September 13, 2020)

Metro Manila and provinces with high numbers of infections reverted to modified enhanced community quarantine (MECQ) from August 4 to August 18, 2020.

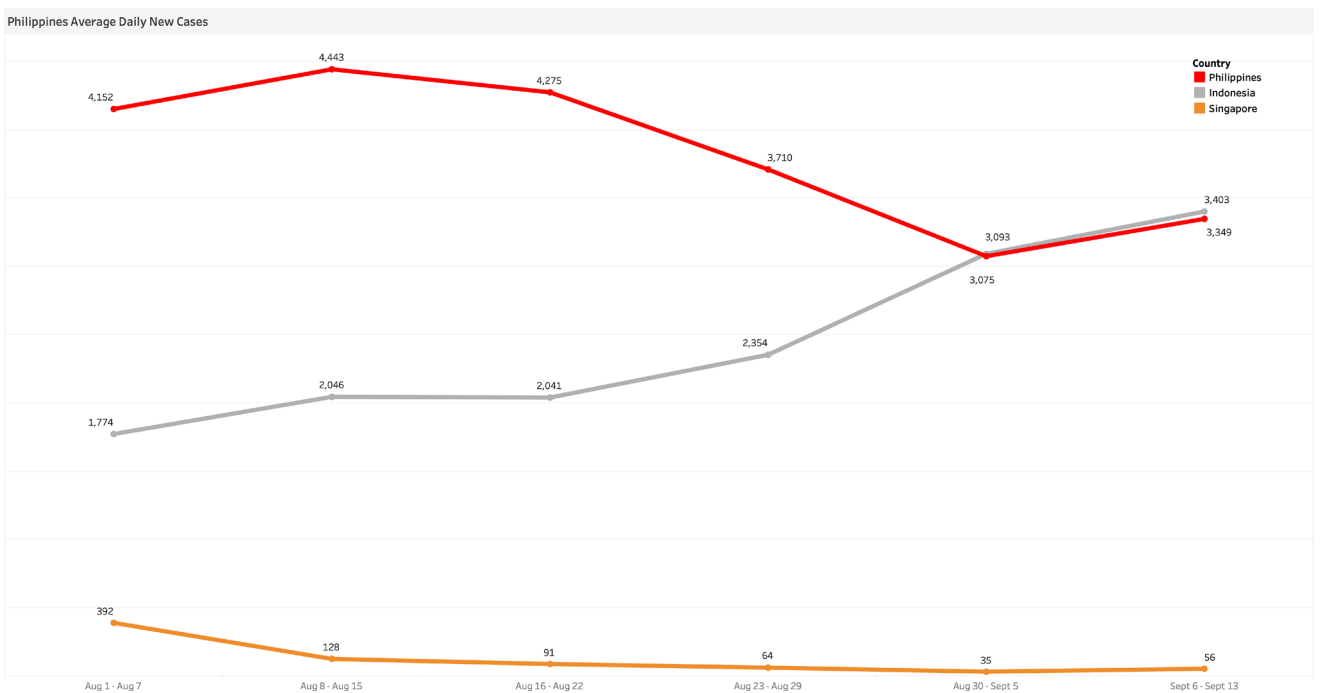


Figure 4. Weekly average number of cases in the Philippines, Indonesia, and Singapore from August 1 to September 13, 2020

Even though the average number of daily confirmed cases has decreased, there are still more than 3,000 average infection per week, and the country still has the highest number of cases in Southeast Asia.

Medical Updates

On September 8, clinical trials were paused for one of the most promising COVID-19 vaccines in development – the one being developed by AstraZeneca with the University of Oxford.

The reason: an adverse event was observed in a person who received the vaccine.⁵

Because the trials were already in Phase III, it means the vaccine had already proven its safety and efficacy for short-term use in small populations.

But drugs, especially vaccines, are expected to be used by a huge number of people. Vaccines, most especially, are ideally distributed to the vast majority of the population.

This is why Phase III trials are so important and should never be omitted.

This report of an adverse event does not mean that the vaccine trials will come to a screeching halt. The researchers now need to determine whether the adverse event was caused by the vaccine or if it simply happened after the vaccine was received but was caused by something else.

In fact, adverse events are not uncommon in clinical trials. Even before a trial begins, the researchers already list in their clinical trial protocols which adverse events should cause a pause in the trials.

Often too, the adverse event is eventually found to be unrelated to the vaccine, in which case, the trials may continue.

But if the adverse event is found to be unrelated to the vaccine, the trials may be stopped, at worse, or the vaccine may be contraindicated in specific population groups.

While this may come as disappointing news, this is how science works: things need to be tested. And because clinical trials touch human lives directly, strict checks and balances need to be in place. This incident shows that those checks and balances are working, and when a vaccine eventually does complete its Phase III trials, it will be a vaccine that we can trust with our lives.

PhilHealth, HMO and group life insurance coverage

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 August 17, 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.

Per PhilHealth's circular, HMO coverage will be deducted first from the hospital bill, and then the PhilHealth benefits.⁶

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: membersgateway.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 September 2, 2020, these hospitals are **at full capacity** and can no longer admit patients who are positive with COVID-19:

CITY	HOSPITAL
Bacolod	Adventist Medical Center – Bacolod
	Riverside Medical Center – Bacolod City
General Santos City	General Santos Doctors Hospital, Inc.
Makati	Makati Medical Center
Mandaluyong	VRP Medical Center
Manila	Chinese General Hospital
	Manila Doctors Hospital
	Our Lady of Lourdes Hospital
Pasig	The Medical City
Quezon City	Metro North Medical Center
	National Kidney and Transplant Institute
	Providence Hospital, Inc.
	St. Luke's Medical Center – Quezon City
	United Doctors Medical Center
Taguig	St. Luke's Medical Center – Global City
Valenzuela	Valenzuela Citicare Medical Center – THPGI

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

New supplemental workplace guidelines

The Department of Labor and Employment (DOLE) and Department of Trade and Industry (DTI) released the supplemental guidelines for COVID-19 workplace control and prevention.⁷

The new guidelines provide a more detailed policy to help companies formulate their workplace health and safety programs.

Workplace safety and health

1. Increase physical and mental resilience

Employers shall provide psychosocial support to its employees, especially those presenting mental health concerns.

If this is not available, employers may set up a referral system to mental health specialists, either through establishing a network with an accredited health facility, telemedicine services, or through the National Center for Mental Health.

National Center for Mental Health Crisis Hotlines:

- 0917-899-8727 (0917-899- USAP)
- (02) 7-989-8727 [(02)-7-989-USAP]

Employers must promote work-life balance through proper scheduling of activities and work-force rotation.

2. Reduce transmission of COVID-19

2.1. These are the minimum public health standards that must be practiced in the workplace:

- Face mask must be worn at all times
 - Medical grade masks are highly encouraged and should be properly disposed after use.
 - Masks with vents should not be used.
 - Cloth masks, with additional filter such as tissue paper or similar material, may be used as long as they are clean and washed daily.
 - Filter used in cloth masks should be changed daily or after every sneezing or coughing, and must be properly disposed after use.
 - Hands should be washed/disinfected before replacing the filters.
 - Frequent mask handling and manipulation should be avoided.

- Wear face shields that cover the entire face (completely cover the sides and length of the face).
 - If possible, face shields should extend to the ears and below the chin.
 - Visor-type face shields **are not allowed**.
 - Face shields and masks must always be worn together when interacting with colleagues, clients and/or visitors.
 - Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees requires.
- Physical distancing of at least 1 or 2 meters must be observed at all times. This must be practiced in combination with the wearing of masks and face shields.
- Frequent handwashing with soap and water or the application of alcohol-based disinfectants is mandatory in all workplaces. This is also encouraged to be practiced at home.

2.2. Employers must provide disinfection or washing resources and supplies to employees, clients, and visitors, such as handwashing stations, soap and sanitizers, and hand-drying equipment or supplies (e.g., paper towels).

- These materials should be placed in the following areas:
 - Corridors or hallways
 - Conference areas
 - Elevators and stairways
 - Points of entry
 - Locker rooms
 - Common areas (e.g., lounge, pantry, etc.)
 - Bathroom
 - Canteen
 - Personal workspace
 - Company vehicles and shuttle services

2.3. Display signage, posters or other visual cues and reminders to practice proper handwashing and other hygiene behaviors among employees is mandatory. These include:

- Hand washing with soap and water, or use of alcohol-based sanitizers, specifically, but not limited to, the following instances:
 - Before and after handling food or eating
 - After using the bathroom
 - Before and after taking off their face mask and/or face shield
 - After touching frequently touched surfaces and objects (e.g., stair railings, elevator controls, door knobs)
 - Before and after touching their face

- Advising employees to disinfect their workstations before the start of the shift, intermittently during shift, and at the end of the shift.
- Discouraging sharing of personal items between employees to prevent possible transmission.

2.4. Employers classified as large- and medium- sized private establishments (i.e., those with total assets above Php 15 million) are enjoined to provide shuttle services to their employees:

Minimum public health standards must be enforced in shuttle services:

- Wearing of face shields and face masks
- Observance of physical distancing and frequent disinfection
- Employees must avoid talking to each other, taking phone calls, eating, and removing their masks and shields
- Display posters or signages of “No Talking,” “No Eating,” and “No Taking Phone Calls” on the conspicuous areas in the vehicle

2.5. Adequate ventilation should be strictly enforced in the following:

- **Inside the workplace** - Natural air flow exchange, such as opening windows, opening doors, turning off air-conditioning units to reduce air recirculation, is highly encouraged.

If possible, companies may install or use exhaust fans, air filtration devices with high-efficiency particulate air (HEPA) filters or the recalibration of building heating, ventilation, and air conditioning (HVAC) systems.

- **Inside the shuttle service** - Opening of windows, with at least 3 inches of opening, while in transit should be practiced whenever possible. The observance of physical distancing of at least 1 meter and wearing of face masks and face shields shall be followed. Proper disinfection before and after each use of the vehicle is likewise mandatory.

2.6. Raise mandatory advocacy awareness programs, which will be facilitated by the Occupational Safety and Health (OSH) Committee through webinars, virtual lectures, and trainings to be attended by all employees and management. Topics should cover COVID-19 prevention and control, including best practices:

- Wearing of masks and face shield and reducing frequent manipulation
- Physical distancing
- Frequent and proper handwashing
- Frequent disinfection
- Other preventive strategies in reducing the spread of COVID-19

- 2.7.** Designated smoking areas in workplaces shall be provided with individual “booths,” subject to the applicable requirements and standards under Republic Act No. 9211 and Executive Order No. 26, S. 2017.

Employers shall require employees to strictly observe physical distancing measures and other applicable health protocols (i.e., no talking inside designated smoking areas).

3. Reduce contact

- 3.1.** Most-at-risk population (MARP) for COVID-19 in the workplace (e.g., senior citizens, pregnant women, individuals with underlying health conditions) and those below 21 years old, shall continue the work-from-home arrangement.

When needed to occasionally report to work, they may be allowed, provided a certificate of fit to work is secured from the OSH personnel and must stay in the workplace only for a specified number of hours. They shall limit physical contact inside the premises.

3.2. Restriction of mass gatherings

- Depending on the risk classification of the workplace locality, as defined by IATF’s risk-severity grading, employers shall follow the restriction on mass gatherings.
 - Only 10% of seating capacity for meeting rooms in high/moderate-risk areas (e.g., confined spaces)
 - A maximum of 50% seating capacity for low-risk areas (e.g. open areas)
- If large meeting attendance is required, or if meetings will last more than 15 minutes, videoconferencing must be utilized.
- The safety officer, which refers to any employee or officer of the company trained by the DOLE and tasked by the employer to implement an occupational safety and health program and ensure that it is in accordance with the provisions of OSH standards, will determine the maximum number of employees allowed to stay at any given time in areas where they usually converge during breaks, or before/after work shifts (e.g., canteens, locker rooms, changing rooms, lounges, restrooms). The safety officer shall ensure that minimum public health standards are followed at all times.

- 3.3.** Employers shall adopt staggered meal schedules to further restrict contact among its employees. Eating alone in the workstation is highly encouraged.

- Dining in canteens may be allowed provided that employees shall strictly comply with the physical distancing of at least 1 meter and shall be prohibited from talking with each other.
- Employers are required to provide signages, physical barriers, and such other means to ensure compliance with these protocols.
- Masks should be immediately worn after eating.

- Use of communal items such as dipping sauces and condiments, utensil dispensers, and straw dispensers shall be prohibited.
- Serving of buffet meals and other similar set-ups shall be prohibited.

3.4. Employers shall, as much as practicable, minimize the duration of customer transactions to less than 15 minutes.

4. Reduce duration of infection

4.1. Detection

All employees, upon entering the building premises/workplaces, are required to accomplish the Health Declaration Form or any digital iteration thereof.

The security staff or responsible personnel shall immediately screen the accomplished form and perform a temperature check.

- If employee answered “Yes” to any item in the form and/or has a body temperature of more than 37.5 degrees Celsius, the employee shall be denied entry and referred to the workplace isolation area for further evaluation by the Safety Officer.
- If employee answered “No” to any item in the form and has a body temperature below 37.5 degrees Celsius, the employee shall be permitted entry.

The security staff or responsible personnel on duty must immediately give the accomplished health declaration form to the company Human Resources (HR) for appropriate action and storage. Should an online health declaration form be used, the form should be electronically submitted to HR. The Health Declaration Form must be handled and processed in accordance with the Data Privacy Act and related issuances.

4.2. Employers will direct symptomatic individuals through the appropriate health system entry points such as the primary care facility (e.g., barangay health center, infirmaries, private clinics, hospitals) or telehealth consultation. Referral networks must be established.

4.3. Employers may also contact the DOH hotline (1555) for guidance on the handling and referring of symptomatic employees.

Management of asymptomatic and symptomatic employees in the workplace

1. Remote management of cases and close contacts

- Employers shall ensure that employees, regardless of work arrangement, have access to telemedicine services, either through their health maintenance organization (HMO), employer-initiated telemedicine services, or Barangay Health Center.
- Large and medium-sized private establishments are strongly encouraged to provide their own telemedicine services, in the absence of an HMO.

2. Isolation and referral

2.1. Large and medium-sized private establishments (i.e., those with more than Php 15 million total assets) and establishments with multiple tenants are mandated to designate an isolation area:

- One room for every 200 employees, which shall be other than the company clinic;
- Must be situated near the entrance(s) or in a nearby facility; and
- Will be used for employees needing further assessment due to elevated temperature, presence of flu-like symptoms, any “Yes” answer to the Health Declaration, or exposure history to a COVID-19 case or probable case thereof.

2.2. The isolation must have chairs and a dedicated restroom. It shall be disinfected once every 2 hours and/or immediately after any infected or confirmed COVID-19 employee leaves the area.

2.3. Private establishments unable to establish an isolation area may make arrangements with a nearby temporary treatment-and-monitoring facility or with the barangay local government unit.

2.4. All individuals shall keep their face masks and face shields on during isolation at all times

2.5. The isolation personnel must always wear the recommended PPEs prior to attending to the symptomatic employee, as prescribed in the DOH Department Memorandum No. 2020-0197:

- Disposable gown
- Face shield
- Medical grade mask
- Gloves

All used PPEs shall be properly disposed after every use.

2.6. Company protocols for transporting symptomatic employee/s to the nearest health facility, such as ambulance conduction, and if necessary, for PCR testing shall be put in place.

Table 1. Appropriate facility per type of worker

TYPE OF WORKER	RECOMMENDED FACILITY
All workers	Primary care facility for triaging, via telemedicine (if available)
Asymptomatic with close contact	1) Temporary treatment and monitoring facility for 14-day quarantine; OR 2) Home quarantine, provided that they have a dedicated bathroom and isolation room that only they can use for 14 days
Symptomatic, mild classified as suspect, probable or confirmed for COVID-19 case	1) Temporary treatment and monitoring facility for 14-day quarantine (preferred); 2) Level 1 hospital or infirmary 3) Home quarantine, provided there is clearance from the patient’s attending physician and the patient has a dedicated bathroom and isolation room that only they can use for 14 days
Symptomatic, severe, or critical classified as suspect, probable, or confirmed COVID-19 case Symptomatic, mild classified as suspect, probable or confirmed COVID-19 case plus any of the two: (1) older than 60 years old or (2) with comorbidities	1) COVID-19 referral hospital; OR 2) COVID-19–accepting, level 2 or 3 hospital
Clinically recovered suspect, probable and confirmed COVID-19 cases awaiting completion of quarantine period	1) Level 1 hospital, infirmary, or temporary treatment and monitoring facilities selected for step-down care

2.7. Malls and buildings shall have at least 1 isolation area near the entrances.

3. Contact tracing

3.1. Employers must strictly comply with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case, as specified in DOH

Memorandum No. 2020-0189 entitled, "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases".

3.2. Close contacts shall be defined as employees with exposure 2 days before or within 14 days from onset of symptoms of a suspect, confirmed, or probable case.

Exposure shall be any of the following:

- Face-to-face contact with a confirmed case within one 1 meter and for more than 15 minutes, with or without a mask;
- Direct physical contact with a confirmed case; or
- Direct care for a patient with probable or confirmed COVID-19 disease without using PPEs.

3.3. Contact tracing among the workforce

- Employers shall conduct contact tracing within their workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
- Employers shall ensure that close contacts of employees whose RT-PCR test confirmed positive will undergo the 14-day quarantine period.
- During the 14-day quarantine, close contacts shall be required to regularly report to their employer any development, including new symptoms. Symptomatic employees should update their employer regarding their COVID-19 test results from a nationally accredited testing facility.
- Close contacts who remain asymptomatic for 14 days may return to work without need for a test.
- Employers shall make available work-from-home arrangements for the close contacts when feasible.

3.4. Contact tracing of customers and visitors

- Customers, including visitors, entering private establishments/business premises will be required to completely accomplish the contact-tracing form.
- Contact-tracing forms will be surrendered daily to the HR officer for future reference and safekeeping.
- Employers shall explore the use of technology, such as using contactless forms.
- Contactless forms shall be handled with the highest degree of confidentiality and securely disposed of after thirty (30) days.

3.5. Referral of symptomatic individuals shall be coordinated with the nearest health care facility as provided under the latest DOH interim guideline on "Health Care Provider Network during the COVID-19 Pandemic".

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