

COVID-19

HEALTH BULLETIN

May 26, 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 MAY 26, 2020

No. of cases worldwide: 5,370,375¹

No. of deaths: 344,454 (6.4%)¹

Confirmed cases in the Philippines: 14,669²

State update on coronavirus outbreak

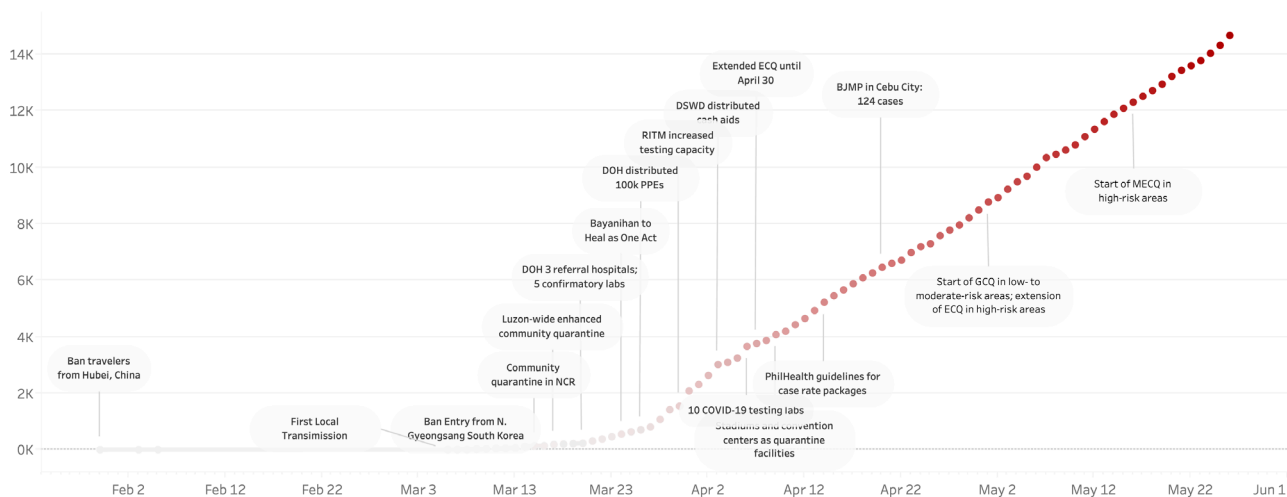


Figure 1. ActiveLink's Business Intelligence tool on Philippine government's response to COVID-19

The number of recovered patients from COVID-19 surpassed 3,000 last week.

As of May 26, the country has recorded 14,669 cases of COVID-19. Of these cases, 3,412 have recovered, 886 have died, and 10,371 are considered active cases receiving treatment. This brings the country's recovery rate at 23%.

The Department of Health (DOH) has clarified that the country is still on its first wave of the outbreak. This is after the DOH chief's statement that the country was already in the middle of its second wave.³

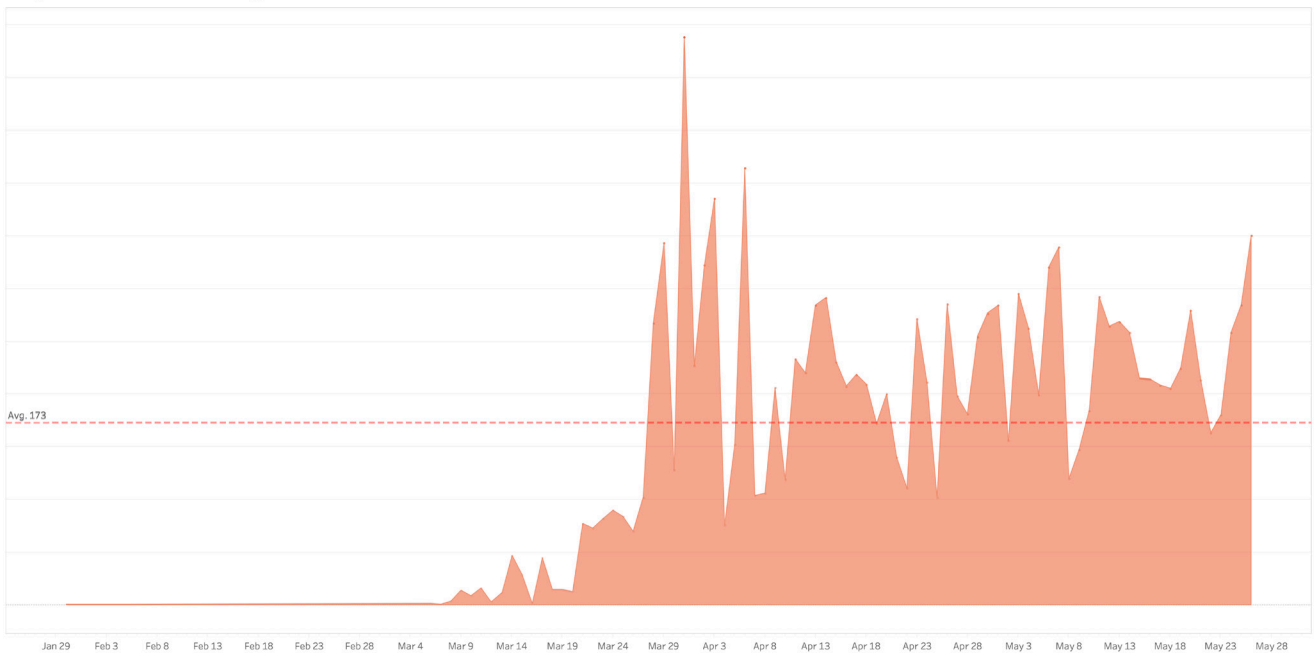


Figure 2. Daily rate of confirmed COVID-19 cases

The DOH has also reiterated that the first wave peaked on March 31 with 538 confirmed cases, which is the highest single-day recorded number of cases. The average number of daily reported cases is at 173 per day, as of May 26.

Loosening lockdowns and entering a new norm

The Philippines has relaxed its lockdown restrictions and allowed some sectors to return to work. Majority of the provinces are placed under general community quarantine, in which case public transportation is allowed with limited or 50% passenger capacity.

As countries around the world ease restrictions, the World Health Organization (WHO) recommended that governments must have a clear plan and preparation for the eventual second wave.⁴

“Relaxed measures should be a holistic approach incorporating all the four public health principles rather than the decline of infection. These principles are infection status, community acceptance, public health capacity, and health system spare capacity,” stated the health journal released by the WHO.

The WHO takes note that public engagement plays a role in building community acceptance. The government must ensure that the public knows why everyone should continue with safe measures and accept the new reality.

Medical Updates

Aside from vaccines and medication for treatment, the world also looks to testing as another tool to add to its anti-COVID-19 medical arsenal.

At present, there are two major types of tests being used to detect COVID-19 infection: RT-PCR and rapid tests.

What's the difference between the two?^{5,6}

	RT-PCR	Rapid tests
What it detects	Viral material	Antibody response to virus
Positive result means...	The patient is currently infected	The patient has been infected long enough to develop antibodies. The patient may already have recovered. If so, the patient may no longer be contagious and may be immune to reinfection for a certain amount of time.
Negative result means...	The patient is not infected, or the patient has already recovered	The patient may still be infected and contagious, but not long enough to begin developing antibodies
Pros	Highly accurate (90% or higher) at detecting individuals who can spread the disease ⁷	Can identify individuals who are already immune to the disease
Cons	Usually requires samples to be sent to a lab; instruments and kits that are usable onsite and give results within an hour can be very expensive to use	Accuracy of infection detection depends on severity of the disease; it can be as low as 30% in asymptomatic persons ³

What you should do and why

Because any kind of test — whether rapid or RT-PCR — is in short supply these days, a better approach may be to act as if all people coming into the office are asymptomatic carriers and set policies in place to help everyone avoid infection.

Here are 5 suggestions:

- **Take a long, hard look at who needs to return to the office at all.** If you have employees who are able to work at home with minimal effect on their productivity, it is best to let them continue working from home. Nothing will harm team productivity (and morale!) more than having to find a new employee because one fell victim to COVID-19.
- **Install touch-reducing amenities.** Instead of using high-contact card or finger scanners, how about installing no-contact face or barcode scanners instead? Door handles are also notorious for collecting pathogens, so it's a good idea to remove conventional handles from your office doors. For doors that need to be pulled to open, replace regular handles with foot handles so people can open the door with their feet instead.
- **Implement a clean desk policy** and instruct workers to keep their peripherals such as headphones, keyboard, and mouse stored away for personal use only. First, this reduces the risk of cross-contamination from other people using someone else's peripherals. Second, clear desks are faster and easier to sanitize effectively.
- **Remove shared dining ware.** At this time, it is better for your employees to bring and wash their own plates, cutlery, glasses, and mugs.
- **Mandate face shields.** While cloth masks are good for preventing asymptomatic carriers from spreading disease, face shields are far more effective at protecting individuals from getting infected.^{8,9}

However, people may feel uncomfortable wearing face shields in the office if very few others are wearing them.

A quick solution is to provide face shields to everyone and make it part of the company dress code, at least for the duration of the pandemic. Clear and repetitive communication of the benefit of face shields will also help people take to the practice with minimal resistance.

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:¹⁰

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

DOH guidelines on returning to work

The government's Department of Health (DOH) recommends the following guidelines for companies that are allowed to resume business operations.¹¹

In general, businesses should:

1. Adopt business continuity plans to prevent the spread of COVID-19.
2. Develop work arrangements that will reduce the number of people reporting in the office and reduce the need to travel. This includes work from home arrangements for tasks that can be done remotely and for those employees considered as high risk, which includes those in the most-at-risk population:
 - above 60 years old,
 - with high-risk pregnancy,
 - with preexisting medical condition, or
 - with underlying comorbidity.
3. Include social support measures that will facilitate compliance, such as policies on sick leave, medical insurance coverage to accommodate the COVID-19 situation, and pay allowance from the employer.
4. Screen returning employees for influenza-like symptoms. Temperature checks and proper disinfection of inbound and outbound persons must be strictly implemented.
5. Implement workplace prevention-and-control measures such as hygiene promotion, environment cleaning, disinfection, physical distancing, health education, and other public health and safety measures indicated in the DOLE and DTI guidelines for COVID19 prevention in the workplace.

Engineering and administrative control measures

1. Companies must ensure that the workspace is properly disinfected, ventilated, and maintained.
2. Companies shall also provide visual reminders for safety policies around the workplace to improve compliance, such as posters with reminders for hand hygiene and proper respiratory etiquette.
3. The employer may also adopt and implement alternative working arrangements.

Implementation of other prevention and control measures

1. Conduct daily temperature checks; record and monitor symptoms of all staff reporting for work.
2. Establish referral network for employees who will develop symptoms.
3. Enforce infection control procedures such as physical distancing, wearing of masks, meticulous hand hygiene, and cough etiquette.
4. Mandate the wearing of appropriate PPE based on the work setting (e.g., face shields and masks for those who render service via face-to-face encounters, full PPE for frontline healthcare workers, etc.).
5. Implement activities to promote physical and mental resilience among employees.
6. Ensure other measures to reduce transmission, contact rate, and risk of infection of COVID-19, as indicated in the DTI and DOLE guidelines.

Screening of returning employees and workers

1. Returning employees or those physically reporting to their place of employment shall be screened for symptoms of COVID-19 or types of exposures:
 - Fever, cough, colds, and other respiratory symptoms
 - Relevant history of travel or exposure within the last 14 days

The following exposures should have happened 2 days before or within 14 days from 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
2. Returning employees who **are symptomatic** with relevant history of **travel/exposure** on the date of work resumption shall not be allowed to physically return to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.
 3. Returning employees who **were symptomatic** with relevant history of **travel/exposure** within the last 14 days prior to the date of work resumption shall present the Certificate of Quarantine Completion, duly issued by the step-down care facility or local health office based on the DOH guidelines on reintegration of suspect, probable, and confirmed COVID-19 cases.
 4. Returning employees who have been **asymptomatic** throughout the last 14 days prior to the date of work resumption can be cleared to physically return to work.

Testing of asymptomatic returning employees

1. While testing is an important component in response against COVID-19, limitations on their reliability and validity shall be recognized.
2. Employers who opt to conduct testing may do so in a representative sample of those who have physically returned to work and have a high risk of contracting COVID-19 due to the nature of their work (e.g., frontliners).
3. Testing using RT-PCR among representative samples for baseline can be conducted to look for any evidence of asymptomatic transmitters:
 - If tested **positive**, the returning employee/worker is a COVID-19 case and will be isolated and referred accordingly for appropriate management. All close contacts shall be isolated and tested.
 - If found **negative**, returning employee and worker can continue working with usual precautions.
 - If initially tested **negative but developed symptoms**, the employee must be tested accordingly. If found **positive**, all close contacts of returning employees and workers shall be isolated and tested accordingly
4. Employers must report the results to the DOH as compliance with the government policy on notifying infectious diseases.
5. Alternatively, the use of FDA-approved rapid antibody-based tests among representative samples for baseline can also be conducted up to every 14 days.
 - Employees who test **IgM negative and IgG negative**, or **IgG positive regardless of IgM results** may continue to work.
 - Employees who test **IgM positive but IgG negative** on the 1st test shall be isolated for 14 days and repeat testing on the 14th day. If results are still **IgM positive and IgG negative**, extend quarantine by seven-day increments and repeat testing. If persistently IgM positive but IgG negative for two consecutive retestings, consider potential false positives and confer with infectious diseases specialists.
 - Employers shall submit the results of the rapid antibody tests to hrtucovid19results@gmail.com, using the format available on <https://bit.ly/RDTReportingForm>.
6. Cost of the test not covered by PhilHealth shall be shouldered by the employer.

DOH's sample decision matrix for asymptomatic employees with relevant history of travel and/or exposure

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.

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