

Healthscape

SPECIAL COVID-19 ISSUE

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MULA KAY

Asanglor...

Handang-handa na ang Philippine General Hospital, iba pang mga ospital, at karamihan ng mga lokal na *government units* sa pagdating sa bansa ng mga bakuna laban sa COVID. Nailahad sa artikulo natin ngayon ang masusing mga plano tungkol dito sa *Stop Covid Deaths Webinar* na pinangunahan ni Director Gerardo Legaspi nuong Pebrero 12, 2021. Karamihan sa atin ay nasasabik na mabakunahan ang malaking porsyento ng bansa dahil naniniwala tayo na ito ang magiging susi upang matuldukan na ang pandemyang ito!

Kasama sa mga paghahanda sa pagbabakuna ang pamamahagi ng tamang impormasyon upang makumbinsi ang mga may salungat na paniniwala tungkol sa kabutihang idudulot ng bakuna. Si Propesor Nina Castillo-Carandang, bilang isang *social scientist* ay naghayag ng mga mungkahi upang matugunan ang suliranin na ito.

Isang napakahalagang aspeto ng pag-aaral ang face-to-face classes na napatigil ng COVID; ngunit sa pagdating ng mga bakuna, inaasahang makakabalik na sa pamamaraang ito ang karamihan sa ating mga kurso sa medisina, narsing, dentistri, at iba pa. Ito naman ang tinalakay sa *webinar* kamakailan lang ng South Manila Educational Consortium na kinabibilangan ng UP Manila.

Mayroon pang isang malugod na balita na mababasa sa ating isyu ng Healthscape ngayon at ito ay ang bagong Philippine Red Cross Saliva Test upang makumpirma ang COVID. Ito ay resulta ng pagsisiyasat ng ating mga doktor kasama ang pangkat ng University of Illinois na nagpasimula nito. May kapakinabangan ang test na ito kumpara sa COVID nasopharyngeal swab test.

Lubusan at pangkalahatan ang pagtingin ng UP Manila sa kalusugan ng bansa. Kasama rito ang mga *rare o orphan diseases* na kanyang pinagtutuunan ng pansin. Napakahirap at napakalaki ng mga pangangailangan ng aspeto na ito kung kaya't makikipagtulungan tayo sa pamahalaan upang mapangalagaan sila.

Puno tayo ng masasayang mga balita sa ngayon. Dulot ang mga ito ng matagal nating pagpupunyagi at maingat na paghihintay. Hindi tayo pinababayaan ng Maykapal. Nawa magpatuloy ang pag-usad ng UP Manila at bansa sa maaliwalas na bukas at maging isang alaala ng kahapon na lang ang COVID!

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WEBINAR #40
HOW WILL HEALTH WORKERS BE VACCINATED AGAINST COVID-19?
PRESENTER: DR. GERARDO LEGASPI
Director, Philippine General Hospital

OPENING REMARKS
DR. CHARLOTTE CHIONG
Dean, UP College of Medicine
University of the Philippines Manila

CLOSING REMARKS
DR. CARMENCITA PADILLA
Chancellor, University of the Philippines Manila

REACTOR
DR. LITO ACUIN
Hospital Chief, Asian Medical Center

REACTOR
DR. CHRISTIA PADOLINA
City Health Officer, Navotas City

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UP MANILA NATIONAL TELEHEALTH CENTER

DR. RAYMOND FRANCIS SARMIENTO
DIRECTOR
UP-NH NATIONAL TELEHEALTH CENTER

SPECIAL EDITION WEBINAR

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FEBRUARY 12, 2021 | FRIDAY | 12NN-2PM

#stopcoviddeaths

PGH Vaccine Deployment Program for 6k HCWs, senior faculty, and retirees

Philippine General Hospital (PGH) Director Gerardo Legaspi presented the preparations being done for the COVID-19 Vaccine Deployment for the hospital's healthcare workers, employees, and other priority groups during the 40th *Stop COVID Deaths Webinar* entitled "How Will Health Workers Be Vaccinated Against COVID-19?" held on Feb. 12, 2021. Other presentors were Dr. Lito Acuin, Hospital Chief of the Asian Medical Center who shared the plans in private hospitals and Dr. Christia Padolina, City Health Officer of Navotas City, who talked about the preparations for the Navotas vaccine roll out.

The core message of all the presentations is the need for a systems approach for the whole country and within institutions in coordination and compliance with the protocols set by the Department of Health. The operative words are macroplanning with the DOH for prioritization and other guidelines and microplanning within the concerned institution leaving nothing to chance but with flexibility and attention to the littlest details.

For PGH, Dr. Legaspi presented

the details of what he described as a "good but flexible plan" composed of subteams to support the planning and deployment. With Dr. Homer Co as Microplanning Coordinator, the subteams include Profiling, Registration, Logistics, Risk Assessment, and Communication; Community Engagement, Information, Education, and Communication; and Management of Adverse Effects.

"The primary goal is to protect people who directly handle COVID patients and people who support them, including outsourced staff who work in the hospital with the basic criteria that is anyone within the confines of the four walls of PGH. With a second tier of vaccinees that include professors emeriti and retirees, the list is estimated at 6,000," Dr. Legaspi stated.

To guide the process, a MicroPLanning Document which contains all the necessary information and details was prepared. The first in the four-step plan was the generation of a masterlist as basis for the procurement of the right quantity of vaccines at the right time to

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Government and Academe Focus on Rare Diseases

In observance of the 12th National Rare Disease Week, the Institute of Human Genetics together with the Philippine Society of Orphan Disorders and the Volunteer Youth Leaders for Health – Philippines (VYLH) launched their first webinar on rare diseases entitled **“Puhon: Progress and Perspectives in Caring for the Filipino Rare”** last 25 February 2021 via the Zoom webinar platform.

The event was opened by the Director of the Institute of Human Genetics **Dr. Maria Melanie Liberty Alcausin** followed by an inspirational message from the Philippine Undersecretary of Health for Public Health Services, **Dr. Maria Rosario Vergeire**. She emphasized that all individuals including those with rare disease should have access to quality healthcare. While this is a seemingly arduous task, she believes that it is attainable but “necessitates a whole of government, a whole of system and a whole of society approach”. She ended her message with a commitment statement that “the Department of Health will continue to provide the necessary assistance in order to further the advocacy for rare diseases as it is an integral part of the overall objective of the universal healthcare to provide health services to all Filipinos.”

Dr. Mary Ann Abacan, a clinical geneticist – metabolic specialist and one of the advisers of VYLH-Philippines, went on to discuss the basics of rare diseases. She stated that rare diseases are also called orphan disorders because they have been neglected, especially in terms of treatment, for many years. At the same time, rare disease patients suffer from social abandonment because of the lack of an existing network of support to aid them. She reiterated that treatment is available for some of the rare diseases and that everyone can take their part in advocating for public awareness.

Dr. Carmencita Padilla, main proponent of the Rare Disease Act of the Philippines, discussed the



existing landscape of rare diseases locally and internationally. She underscored that even with the enactment of the law, big challenges are still being faced due to the huge cost of individual care and the lack of a national program and sustainable funding. The full implementation of the law as well as the inclusion of rare disease in the Universal Health Care Law are of utmost importance in providing the needs of these patients.

Dr. Ann Ysabelle-Andres of DOH's Disease Prevention and Control Bureau laid out the DOH's initiative to develop a national strategic plan on integrated rare diseases management for the period 2022-2027. This includes identification, referral, management, registration, and resource generation thereby ensuring that these patients are guaranteed equitable access to quality health care goods and services.

The event was also graced by **Mr. Rizalino Sanchez** of the National Council on Disability Affairs and two parents who shared their experiences in caring for their child with a rare disease. The webinar was closed by **Mrs. Cynthia Magdaraog**, President of the Philippines Society for Orphan Disorders, who expressed her hope for progress with the strong partnership and renewed commitment of the government and the academe.



EDITORIAL BOX

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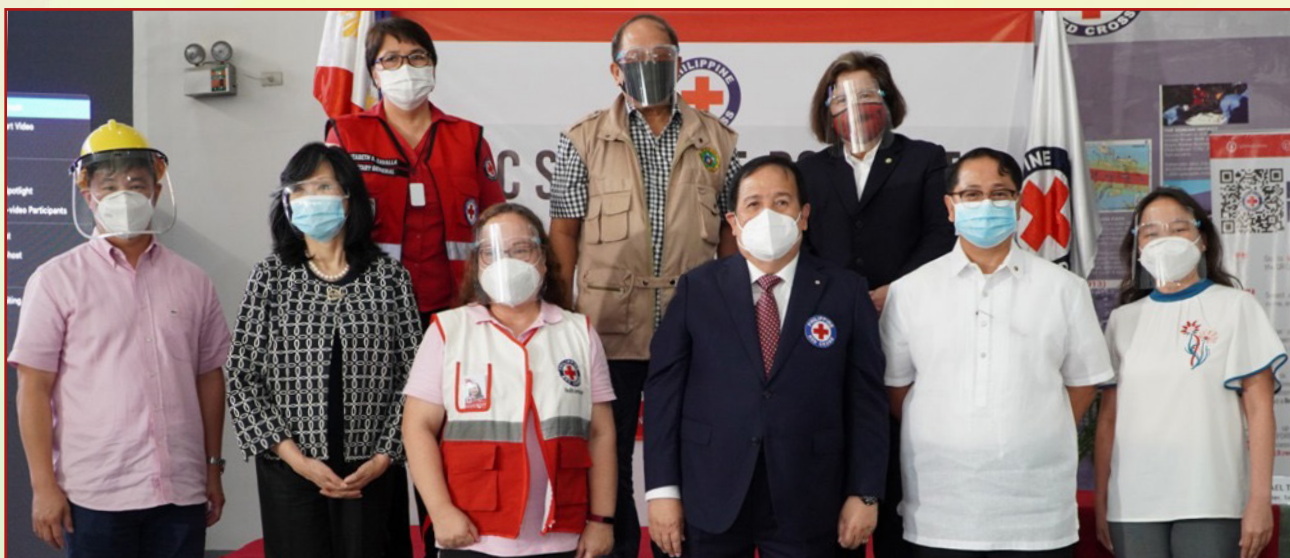
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Above left to below right: Elizabeth Zavalla, PRC Executive Director, Dean Charlotte Chiong, Vice Chancellor Michael L. Tee, Chancellor Carmencita D. Padilla, PRC Molecular Laboratory Director Paulyn Jean Ubial, PRC Chair and Senator Richard J. Gordon, UP President Danilo Concepcion, Associate Professor Cherica A. Tee

UP Manila study leads to approval of Philippine Red Cross saliva test for COVID-19

A collaborative study among the Philippine Red Cross (PRC), University of Illinois, and UP Manila led to the approval for local use of the COVID-19 saliva test. The new test was launched by the PRC on 25 January 2021 in its Mandaluyong headquarters.

This uses the innovative saliva test designed by a team of researchers from the University of Illinois at Urbana-Champaign (UIUC) in 2020. The team is led by Dr. Martin Burke and Dr. Paul Hergenrother, and also includes Filipino scientist Dr. Diana Rose Ranoa. Dr. Ranoa is a postdoctoral research associate at the UIUC who obtained her BS and M.Sc. in Molecular Biology and Biotechnology from UP Diliman. The said saliva test is at the core of SHIELD Illinois, a screening testing program and infrastructure which the team created and is now deployed across that state.

Senator Richard Gordon, head of the PRC, took notice of the UIUC saliva-based test. According to Chancellor Carmencita Padilla, who was at the launching, Sen. Gordon called up UP Manila Vice Chancellor for Planning and Development Dr. Michael Tee to ask if he knew about the UIUC research and Dr. Diana Ranoa, and if UP can do a research on the subject. Dr. Tee then immediately assembled a team which worked on adapting the protocol developed by the UIUC group

to the Sansure Biotech system already operational in the many PRC molecular laboratories nationwide.

A tripartite agreement was arranged and signed by Senator Richard Gordon and UP President Danilo Concepcion with the UIUC to formalize the collaboration.

In her message during the launch, Chancellor Padilla acknowledged the UP Manila Research Ethics Board for its swift action in evaluating the proposal submitted by the team of scientists from PRC, UPM, and UIUC; and for guiding the team on the conduct of research that can pass scrutiny of health regulators.

President Danilo Concepcion, during his speech, lauded the successful efforts of the team and highlighted the important role of UP in the nation's response to the COVID pandemic.

The PRC COVID-19 test has four major advantages. First, it is non-invasive: instead of nostril and throat swabbing for samples, the new test kit needs only 1.5-2ml of saliva. Second, it is cheaper, costing only Php 2,000 compared to the swab test's Php 3,800. Third, it has a 6-12 hour faster turn-around time, compared to one day for the swab test's results. And fourth, it has the same 98% accuracy as the nasopharyngeal test. It also uses the gold standard for

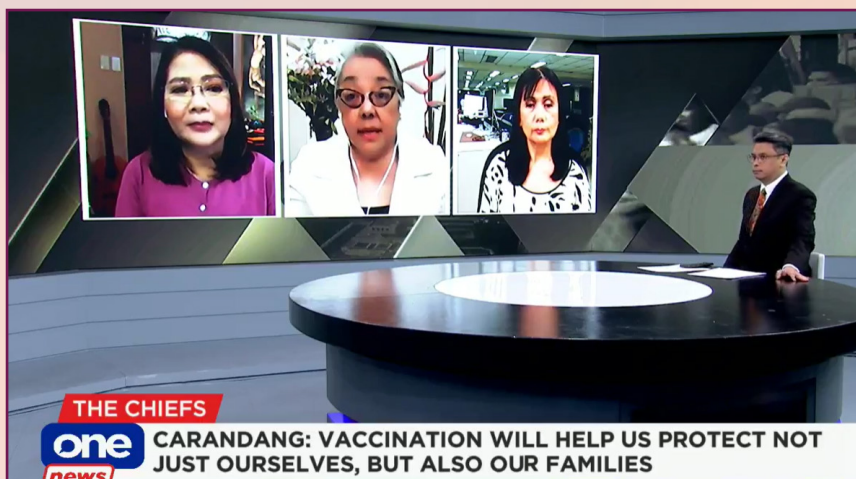
checking for the SARS-Cov-2 virus: RT-PCR technique.

After evaluating the results of more than 1,000 parallel swab and saliva samples from volunteers, the team reported a 98% accuracy to the COVID-19 laboratory expert panel, leading to the approval of "saliva as an alternative specimen for RT-PCR testing in PRC laboratories using the Sansure kit and the approved protocol proposed and implemented in the pilot study conducted by the group of UP alumni researchers."

The UP Manila research team is composed of Drs. Michael L. Tee, Paulyn Jean R. Ubial, Diana Rose E. Ranoa, Cherica A. Tee, Aedrian A. Abrilla, Lawrence John Paulo L. Trinidad, Charlotte M. Chiong, Regina P. Berba, Ryner Jose D. Carrillo, Maria Cecilia F. Lim, and Leslie Michelle M. Dalmacio.

Aside from Burke, Hergenrother, and Ranoa, the other members of the UIUC research team are Timothy Fan, Fadi Alnaji, Christopher Brooke, Kelsie Green, Robin Holland, and Leyi Wang.

The Philippine Red Cross COVID-19 Saliva Test is now available in PRC branches nationwide and through major chains of shopping malls in Metro Manila. **Michael L. Tee & Fedelynn M. Jemena**



“COVID-19 vaccine confidence build-up needs help of health social scientists”

Thus, declared health social scientist and UP College of Medicine professor Nina Castillo-Carandang as she discussed building up vaccine confidence among healthcare workers and the general public in some TV programs and virtual forums ahead of the vaccine roll out.

At a Department of Health town hall meeting, Dr. Carandang addressed issues on vaccine hesitancy and the crucial role that health workers and social scientists play in increasing vaccine confidence.

“Solidarity, trust, and equity are needed for the COVID-19 vaccination program. Vaccination will help us protect not just ourselves but our families,” she declared. She said that experts from institutions like the UP College of Medicine are ready to lend their help; adding that based on her own experience, people are convinced to get vaccinated once doctors and other health experts explain how immunization works.

Stating that there are enough social scientists in the country but who haven’t been invited as often as other experts, Dr. Carandang explained that beyond physical health, there is social, mental, and emotional well being. Health social scientists bring behavioral and holistic insights beyond medicine.

The National Immunization Technical Advisory Group on

COVID-19 Vaccine member assured the public of the safety and efficacy of the vaccines as these are evaluated and certified by vaccine expert panels of the Food and Drug Administration. The FDA, she attests, has a robust process system of different panels of experts looking at the benefits and side effects of the vaccines.

Dr. Carandang appealed to politicians and government officials not to capitalize on and use COVID-19 vaccines to push their political agenda and get votes for the 2022 elections. Local chief executives need to do house-to-house and town hall discussions to convince their constituents to be vaccinated against COVID-19, she urged during a virtual Union of Local Authorities of the Philippines forum.

She presented different surveys showing the relatively low percentage of Filipinos wanting to get vaccinated and their reasons for the hesitancy, among them not enough information on evidences showing the efficacy of the vaccines.

She said local governments should go back to the basics. These could be small groups with physical distancing and small town halls in barangays to do face-to-face explanations. Dr. Carandang noted that elderly people in rural areas are still using the radio, which might be an additional avenue for vaccine education.

The noted sociologist, daughter of National Scientist Gelia Castillo, revealed additional survey results showing that about 70% of the respondents trust scientists, doctors and other health experts while only 14% trusted politicians. After sharing information on vaccine efficacy from the multi sectoral expert panel, she reported that the number of those who want to get vaccinated rose.

To counter lots of ongoing misinformation and underinformation, she urged media to always hear it from the sources; find the experts and their views, tap into the speakers bureau of DOH, engage more in networking, simplify things; and to depend not only on social media but also on traditional sources.

Cynthia M. Villamor

UP-PGH COVID-19 Q&A
Released 15 January 2021

Q1 Why are the HCWs being prioritized in the COVID-19 Vaccination Program?

Vaccination of the HCW is an urgent and excellent public health strategy in COVID-19

It will benefit the HCW, and potentially benefit and protect the immediate household and future patients and assure a protected healthcare work force.

The HCW is being prioritized because of the following:

- **First**, protecting HCWs will protect the availability of essential health services critical in the pandemic response
- **Second**, HCWs are at high risk of acquiring COVID-19 infection and risks for accompanying morbidity and mortality.

1/2 **A**

BAYANIHAN NA!
TALUNIN NATIN ANG COVID-19!

UP-PGH COVID-19 Q&A
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Vaccination of the HCW is an urgent and excellent public health strategy in COVID-19

The HCW is being prioritized because of the following:

- **Third**, prioritization of HCWs is supported by the principle of reciprocity: HCWs have been putting themselves and also potentially their families and loved ones at higher risk for the sake of others.
- **From a practical point of view**, HCWs should be a group who readily understands the pros and cons of immunization & implementation of the COVID-19 vaccine is expected without much difficulty, hesitation or problems with follow-up compliance (return for second dose).

2/2 **A**

BAYANIHAN NA!
TALUNIN NATIN ANG COVID-19!

UP-PGH COVID-19 Q&A
Released 15 January 2021

Q2 Why is a **prioritization process** part of the vaccination plan?

It is possible that the number of vaccines may not be immediately available for everyone in our PGH community to receive the vaccine at the same time. Thus because of limited supply, the order of groups of healthcare workers who will be given first, second, third and so on will have to be identified.

Be assured though that eventually, all PGH staff will be offered the COVID-19 vaccine.

A

UP-PGH COVID-19 Q&A
Released 15 January 2021

Q3 If COVID-19 Vaccines will be limited in number, who will be vaccinated first?

If the volume of vaccines will be available in limited tranches, PGH HCWs will be sequentially vaccinated according to this order:

First group: High to very high risk HCWs
All staff 65 years and older

Second group: Low to moderate risk HCWs
All staff less than 65 with comorbidities

Third group: All others

1/2

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UP-PGH COVID-19 Q&A
Released 15 January 2021

Q3 If COVID-19 Vaccines will be limited in number, who will be vaccinated first?

IN PGH: Very high and high risk HCWs include ALL assigned to COVID ICUs, COVID OR, COVID wards, DEM and other areas where they may encounter a COVID-19 patient (HICU, OPD, Lab, patient support services).

IN PGH: Low and moderate risk HCWs include persons who work in offices with no face-to-face patient contact and all other staff in non COVID areas with no face-to-face.

All those who agree to be vaccinated will receive the COVID-19 vaccine.

2/2

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UP-PGH COVID-19 Q&A
Released 15 January 2021

Q4 How will the vaccination program for COVID-19 be implemented in PGH?

A list of all eligible employees, trainees and volunteers will be created.

A **google form** will be sent out inviting voluntary participation to vaccination to determine individual decision regarding accepting or opting out from COVID-19 vaccine

List of consenting HCWs will be composed.
Dates of vaccination will be announced.

1/2

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UP-PGH COVID-19 Q&A
Released 15 January 2021

Q4 How will the vaccination program for COVID-19 be implemented in PGH?

On site Dose 1: physical check-up of HCWs pre-injection, observe post-injection 15 minutes.
· Monitoring & reporting for any side effects.

On site Dose 2: physical check-up of HCWs pre-injection, observe post-injection 15 minutes.
· Monitoring & reporting for any side effects.

2/2

A

UP-PGH COVID-19 Q&A
Released 15 January 2021

Q5 Can the HCW opt out from the vaccination?

Vaccination for COVID-19 will be voluntary.

All staff will be offered the vaccine. The employee may accept or may opt out from the vaccine offer.
Either of the decisions will be documented.

A

PGH VACCINE DEPLOYMENT FROM PAGE 1...

ensure minimal or no wastage; identification of verification; checking for risk factors and eligibility; getting formal intention to receive or decline vaccination; and getting a vaccinations card with unique encrypted QR code to be used during actual vaccination day that includes a vaccinee's co-morbidities, medications, and treatments.

The preparations for infrastructure, manpower, and supplies fall under this step. Planning for the physical layout on the actual day of the vaccination included the screening, actual vaccination, and monitoring; and managing adverse effects following immunization (AEFI). Identifying bottlenecks during vaccine deployment is part of the plan.

The second step is the registration of the vaccinees for eligibility and intention to be vaccinated and the scheduling for vaccination. An alternative method of enrolling online for senior faculty, retirees, and Professors Emeriti using the PGH EMR Radish was provided.

Step three is Vaccination #1 (first shot) of eligible and consenting employees to be followed by the monitoring of AEFI onsite and monitoring and surveillance of long-term AEFI. With monitoring of AEFI identified as one bottleneck, Dr. Legaspi said more people will be assigned to this area, and with the inoculation itself seen as a quick step based on the simulation, an upscaling of the Monitoring Unit has been prepared.

The final step, Step 4, is Vaccination #2 for those who

completed Vaccination #1 or step 3 and monitoring for both short- and long-term AEFI.

To ensure that everything will go on smoothly as planned, simulation exercises not only of the actual vaccination and monitoring of AEFI but also of the arrival and storage of the vaccines, with the cold storage and temperature requirements to keep them in ideal condition, and vaccine preparation were held.

During her synthesis of the presentations, UP Manila Chancellor Carmencita Padilla stated that transparency, reassuring messages, and the series of infographics and other information campaigns have raised the trust of the community on vaccination from 76% to 93% during the preregistration.

Cynthia M. Villamor



COVID-19 Vaccines and Face-to-Face Classes

“We are starting to see the light at the end of the tunnel with the coming of safe and effective vaccines and therapeutics after nearly a year of community quarantine and remote online learning,” said President Marco Alfredo M. Benitez, President of the Philippine Women’s University in his opening remarks during the Webinar on “COVID-19 Vaccine and Face-to-Face Classes” last 21 January 2021. Organized by the South Manila Educational Consortium (SMEC) and UP Manila, the webinar shared knowledge and expertise among stakeholders and foster collaboration among institutions as they prepare for the gradual return of face-to-face classes once allowed by the government.

SMEC is composed of Adamson University, De La Salle University, De La Salle College of Saint Benilde, Emilio Aguinaldo College, Lyceum of the Philippines University, Philippine Christian University, Philippine Normal University, Philippine Women’s University, Santa Isabel College Manila, Saint Scholastica’s College Manila, Saint Paul’s University Manila, and University of the Philippines Manila.

Dr. Juber Benedicto, UP-PGH pulmonologist, mentioned in his discussion that the number of COVID-19 cases in the Philippines has been observed to plateau; however, allowing more people mobility will increase the number of cases. He said majority of the cases were asymptomatic and mild while in the hospital setting, most patients were senior citizens with comorbidities. He stressed that even if these vulnerable individuals were isolated at home but not their contacts (especially when dealing with a mobile population), unfortunate outcomes resulted.

Dr. Anna Ong Lim, a member of the DOH Technical Advisory Group on COVID-19, emphasized that a whole-of-society approach is critical for disease prevention and control.

She mentioned that many people are interested in being vaccinated, but there is very limited availability of the vaccines at this time. The World Health Organization recommends that one to ten percent of the national population may be targeted as priority groups to be vaccinated which will include healthcare workers as well as older adults and as availability of vaccines increases, individuals with comorbidities and certain social demographic groups at significantly higher risk of severe disease and death may be added.

She also discussed how quickly COVID-19 vaccines have come into use in comparison to some of the vaccines that were part of our national immunization programs. Because of the urgency of the situation, Emergency Use Authorization (EUA) was given to COVID vaccines by various international agencies. Food and Drug Administration Director General Dr. Rolando Enrique Domingo emphasized that along with the FDA giving authority to use a product that is still under development, the agency will watch very closely the people who will be vaccinated for side effects. He also discussed that vaccination providers must comply with the terms and training required by the DOH for the vaccination program.

Dr. Eduardo Banzon, Health Specialist of the Asian Development Bank pointed out that it’s going to be a huge challenge to achieve a target of at least 50% to 70% of population vaccinated by the end of this year. He estimated that if vaccination would start in April and if 50% is aimed for, that would mean 150,000 people should be vaccinated every day. At 70%, that would mean 250,000 people being vaccinated every day which may overwhelm the vaccinators.

Dr. Banzon stressed that vaccination will help control the spread,

and the number of cases becoming severe that will eventually help open the economy. Dr. Ong Lim explained that having the vaccine doesn’t guarantee protection from ever getting sick again nor can it stop an infected person from spreading it. She stressed that we cannot let go of our minimum public health standards, even if most of the people are vaccinated.

Again on the topic of education, Dr. Bert Tuga, President of the Philippine Normal University said, “Our mindset in terms of learning delivery is basically flexible learning and remote learning for the year 2021; although we are preparing for the possibility of limited face-to-face instruction in selected subjects or courses. This is still subject to guidelines that will be issued by the IATF.” Maria Encarnacion Dychanco, Vice President for Academic Services of Saint Paul University Manila, mentioned that educational institutions should find ways to improve flexible learning and reach out more to their students.

Dr. Jose Paulo Campos, president of Emilio Aguinaldo College, identified the challenges for delivering clinical education at the clinical level for professions like Medicine, Dentistry, Nursing, Medical Technology, Physical Therapy, and Midwifery. CHED and the PRC may have to adjust some of the requirements for clinical interaction with patients and allow remote or simulation-delivered education.

“We in the education sector have the mandate to produce the next generation of the workforce. If we stop teaching, if you close our schools, there’s going to be a gap in the workforce in the country. COVID is a big challenge and hopefully with the whole of society approach we will overcome,” asserted UP Manila Chancellor Carmencita Padilla. **Charmaine Lingdas**