

MULA KAY

Asanselor...

Isang taon na mula ng itatag at magsimula ang Philippine General Hospital bilang COVID-19 Referral Center noong Marso 30, 2020. Upang gunitain ang makasaysayang pangyayari, inilathala namin ang mga aral mula sa mga karanasan ng mga *healthcare workers* ng PGH sa pangangalaga ng mga pasyenteng tinamaan ng coronavirus. Karugtong ang mga ito ng aral #1-5 na inilathala namin sa isyu noong Agosto 11, 2020. Ang mga aral at gawi ay naging higit pang makabuluhan dahil ginamit silang batayan at naging bahagi ng pambansang pamantayan at patakaran na ginagamit ng ibang ospital.

Kaugnay ng pagtugon sa pandemya at pagsisimula ng COVID vaccine roll out sa bansa, tampok sa isyung ito ang makasaysayang paglulunsad ng programa sa PGH noong Marso 1, 2021 at si PGH Director Dr. Gerardo Legaspi bilang unang Pilipinong opisyal na binakunahan ng CoronaVac. Kasama ng ilang opisyal ng gobyerno at ilang mga duktor at narses ng PGH na nabakunahan din ng araw na ito, ipinaliwanag nila na ligtas at epektibo ang bakuna at hinikayat ang publikong magpabakuna bilang karagdagan ng proteksyon.

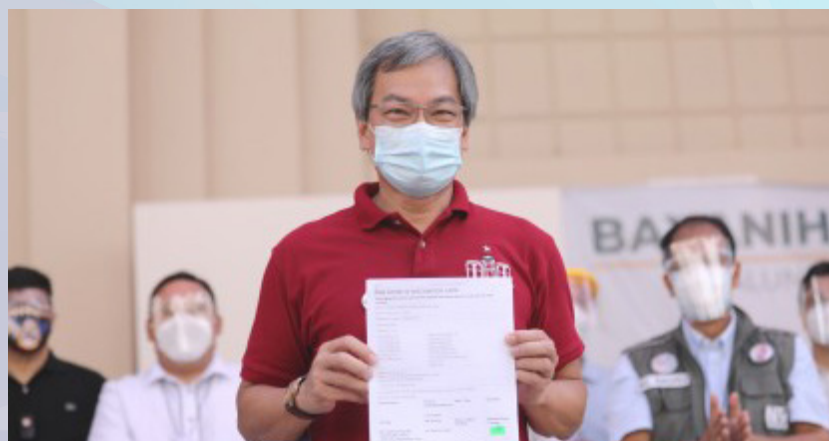
Ang pangalawang lathala ay ang paglulunsad ng British Embassy Manila at UP College of Public Health ng *United Kingdom-Philippines Vaccine Deployment Clinic webinar series* ng mga temang may kaugnayan sa vaccine rollout. Kabilang na inilathala ang mga stratehiya at karanasan ng United Kingdom sa kanilang programa sa pagbabakuna at kung paano sila makakatulong sa mahihirap na bansang makakuha ng bakuna. Ibinahagi rin dito ni Vaccine Czar Carlito Galvez ang pambansang stratehiya ng Pilipinas sa pagbabakuna kasama ang negosasyon sa mga banyagang gobyerno at pangangalap ng pondo para sa bakuna.

At habang ginugunita natin ang pagkamatay at muling pagkabuhay ng ating Panginoong Hesus, nais din nating ibahagi ang papel ng "spirituality" sa medisina at ang benepisyo ng panalangin sa paghihihimol at pagpapagaling ng mga sakit. Nagsagawa ang UP Medical Alumni Society ng *webinar* tungkol dito bilang bahagi ng taunang pagdiriwang ng kanilang Alumni Homecoming at *reunion*.

Upang patuloy na maitaguyod ang kapakanan ng mga taong may birth defects at rare diseases; at bilang pakikiisa sa pagdiriwang ng 5th World Birth Defects Day, nakilahok ang UP Manila sa *webinar* na "Saving Lives of Babies with Birth Defects and Improving their Quality of Life" at "Rare Disease Day Policy event, a Call for a UN Resolution on Persons Living with a Rare Disease."

Nagpapasalamat tayo sa Dangerous Drugs Board sa pondong ibinigay nila para sa pagsagawa ng mga pananaliksik sa *substance abuse*. Kontribusyon ito ng akademya sa paghanap ng mga angkop na tugon sa problema ng droga sa bansa.

Dumarami at lumalawak ang hamon sa pagiging pambansang lider ng UP Manila sa larangan ng kalusugan at kaugnay na propesyon, ngunit sa patuloy na gabay, tulong, at awa ng Poong Maykapal, walang hamon na di nito mapapagtagumpayan!



COVID-19 vaccine roll out kicks off at PGH

March 1, 2021 was a historic day for the Philippine General Hospital as it became the first hospital and its director, Dr. Gerardo Legaspi, the first Filipino officially vaccinated for the government's COVID-19 vaccine roll out. The launch happened a day after the Philippines received 600,000 doses of the Sinovac CoronaVac vaccine donated by China.

Along with Dr. Legaspi, Food and Drug Administration (FDA) Director General Eric Domingo, infectious disease specialist and DOH Technical Working Group member Dr. Edsel Salvana, MMDA Chief Benhur Abalos, Vaccine Czar Carlito Galvez Jr., and UP College of Medicine Clinical Assoc Professor Dr. Dominga Padilla were vaccinated at the PGH.

They were joined by at least 756 frontline healthcare workers from six other hospitals in Metro Manila where simultaneous roll outs of the said vaccine were done. These were the Lung Center of the Philippines, Dr. Jose N. Rodriguez Memorial Medical Center and Sanitarium (Tala), Veterans Memorial Medical Center, Philippine National Police General Hospital, and V. Luna Medical Center.

After being immunized, Dr. Legaspi stressed that the Sinovac

vaccine is safe and assured his fellow medical frontliners that the FDA and the Vaccine Expert Panel will not approve a vaccine for use unless it has been proven safe and effective.

Meanwhile, Dr. Salvana said that it would be best for health workers to receive the vaccine that is available now to have themselves protected against COVID-19. Dr. Padilla likewise encouraged health workers to consider taking the vaccine now to avoid getting infected and go back to their normal way of life sooner.

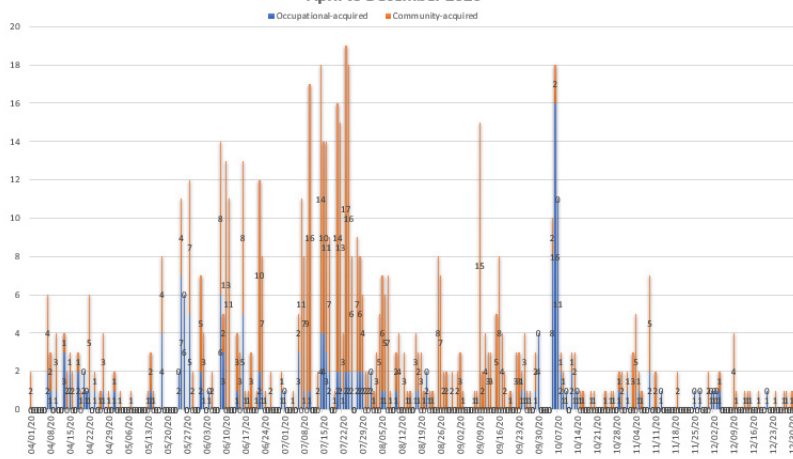
A total of 124 health workers were vaccinated on this first day of the ceremonial inoculation program that continued in the next two days until all doses were used.

Meanwhile, the Astra Zeneca vaccine roll out in PGH started on March 8 at 7:30 am shortly after the arrival of the vaccines that day. The AZ roll out will be until March 19, 2021.

The PGH Vaccine Deployment Program has prioritized about 6,000 health personnel and employees, including senior faculty, professors emeriti, and retirees following the guidelines set by the Department of Health and World Health Organization.

TURN TO PAGE 4

COVID-19 among Healthcare Workers at the UP-PGH
April to December 2020



PGH's Next Five Lessons from COVID-19

On the occasion of our 10th month-sary as a COVID Referral Center, we share our most important lessons and best practices (#6-10) on coping with COVID-19. This is a continuation of [Lessons #1-5](#) which we released last August 2020.

Lesson 6: It is possible to get the numbers of infected persons in the workplace very close to zero; but only with a high level of consistent compliance, perseverance in tempering exposures, and cooperation from all.

The PGH epidemic curve through the months showed that COVID-19 affected a significant number of our staff (orange bars for HCWs who got the virus from the community and blue bars for those who got it from PGH).

The risks our staff have been exposed to have indeed been considerable! As of January 31, 2021, we have admitted 2677 COVID-19 patients and discharged 2109 survivors! Despite best efforts, a total of 471 cases (10%) did not make it— most of whom were critically-ill patients in the ICUs. The high quality of care, dedication, and compassion our frontliners as well as the support service providers gave to all these patients have been phenomenal. In the 10 months, 689 HCWs became infected with the SARS CoV2. The trend has since slowed down specially in the months of December and January, with less than 20 infections each month! And we have had several days without any new HCW infection detected!

This confirms that even in a highly exposed, high risk setting such as a COVID-19 referral center, the risk for COVID-19 could be managed - but ONLY with the cooperation of all staff and a unified institutional action!

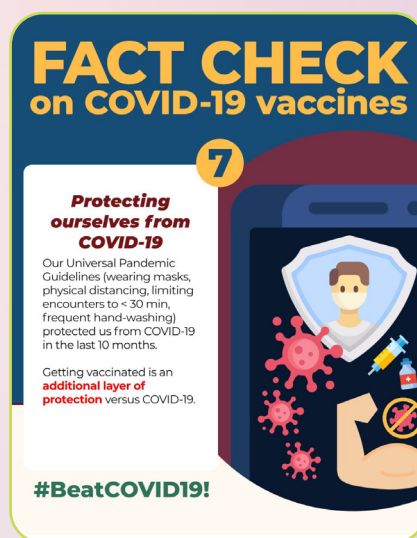
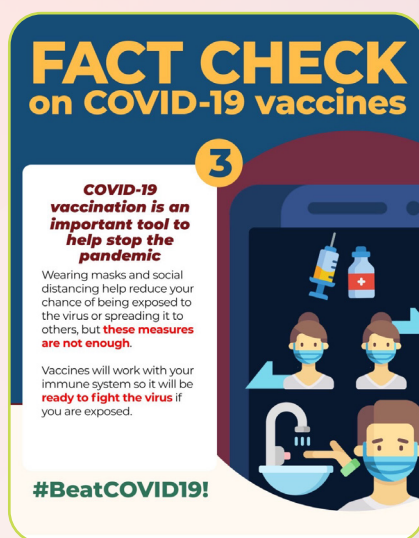
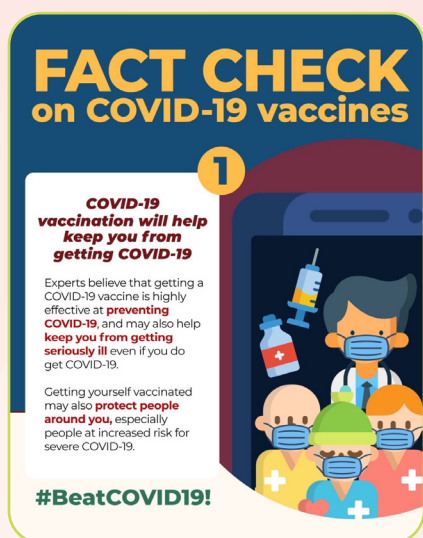
Lesson 7: We need to be one step ahead of the COVID-19 virus. Think like the SARS COV2! And never for even a moment let our guards down.

Outsmarting COVID is difficult but doable using these strategies:

- Testing all patients for admission – because we need to know where to best safely place them
- Testing all watchers of patients – because we need to make sure they can safely watch their patients
- Screening all outpatient consultations for symptoms– because we need to protect our clinics
- Engineering controls for the wards, ICUs, clinics, callrooms, offices, laboratories, eating spaces- because the virus spreads efficiently in the 3Cs of closed, crowded, and confined spaces
- Prudent, supervised, and controlled use of Personal Protective Equipment (PPE) for all staff in COVID and non-COVID areas– because we need to protect our staff in a science-guided and cost-efficient way, mindful of its impact to the environment
- Zealous hand hygiene + cleaning and disinfection of all areas- because we now have proof that these result in making frequently handled surfaces free of the SARS-CoV2!
- Strengthening laboratory capacity with new tests to address our needs such as BD Max, GenXpert, Rapid antigen, saliva as specimen;
- Fast and efficient laboratory testing workflow for optimal COVID-19 test turn-around times.
- Aggressive and systematic contact tracing activities
- A centralized command center- because someone must oversee and make it easy for our patients, both COVID and nonCOVID, to access our caring services.

- A COVID Crisis Committee which continues to meet every Tuesday – because we need to keep on planning, improving, and anticipating.
- Keeping staff engaged and informed through dialogues, meetings, and workplace visits
- Safety Officers in various departments, units, offices, and donning and doffing areas
- Safer staggered meal schedules – because it's during meals when risk for transmission of infection occurs
- Integrated travel arrangements with shuttles ferrying staff from their homes to PGH and back.
- Decreased length of bedside exposure without compromising patient care
- Better work environments
- Use of Technology – Electronic medical records for an efficient and paperless work environment
- Cooperative interdepartmental and integrated work environment created by breaking down traditional silos and units
- Support for mental and physical health
- Low threshold for testing HCWs – an efficient system for scheduling and testing symptomatic, inadvertently exposed and anxious staff, and for all other reasons we call simply “for peace of mind”.
- Targeted testing of asymptomatic most at-risk staff - because we need to know status of our HCWs
- Learning together how to best care for COVID and all other patients; promoting compassionate care for COVID patients; aiming to provide not only excellent medical care but service which is also comforting; leaving no one behind and healing as one.

We share these lessons not to suggest that all hospitals duplicate our strategies which may not be relevant to their settings; but to stress how crucial it is to study one's own system and design response accordingly. There were harsh realities of unpreparedness, inequalities, and inefficiencies which made our initial responses difficult. At the same time though, we were pleasantly overwhelmed with the outpouring of generosity from individuals and organizations from within and outside both UP and PGH and the valuable material donations as well as manpower support which provided expertise, time, and service. This mix of recent COVID-related experiences reassure



us that amidst the most distressing challenges, if we search hard enough, we will find solutions according to what we need and inspiration from the beautiful Filipino spirit of *bayanihan* and the willingness to work towards the greater good.

Lesson 8: Pandemic precautions work! They keep our workplace a safe place! We cannot relax our level of precautions.

PGH has gradually resumed normal operations. Most of all, we try to take care of each other all the time. All of these happen under an overarching understanding that we all observe what is called the **Universal Pandemic Precautions (UPP)**, a term adopted from the [John Hopkins University](#). The PGH institutionalized the UPP as the newest set of Infection Control precautions on October 1, 2020.

- ▶ The prevailing mindset should be that everyone is possibly infected and everyone should thus act accordingly. **There are no exceptions.**
- ▶ The objective of the UPP is to further reduce the risk of transmission of COVID-19 in PGH, thus protecting oneself and those around
- ▶ UPP imposes that HCWs always use the proper level of PPE according to area and task being performed (except in the brief meal periods);
- ▶ UPP also requires all to observe the 5 moments of hand hygiene and distancing rules.
- ▶ UPP defines the screening, testing, and assessment of high- versus low- risk exposures in contact tracing
- ▶ Because all are expected to follow UPP, this reduced the catastrophic effects of wrong perceptions of risk, silent spreaders, undiagnosed or

asymptomatic COVID-19 among us, and inadvertent exposures to cases not immediately detected by current tests.

- ▶ UPP does not allow overcrowding and social gatherings in closed spaces.
- ▶ UPP does not tolerate underground parties and similar “secret” events which give the virus opportunities to spread. UPP may be the correct mindset not only in PGH but in many workplace settings.

Lesson 9: Well-thought of and timely COMMUNICATION is KEY!

Because a unified voice of essential and reliable information needs to be relayed to all staff, a very creative and dedicated IEC committee has been working consistently since we started being a COVID-19 referral center.

The timely and regular release of carefully crafted infographics with accurate information content and style which emotes compassion and sincerity, coupled with a well thought-of formatting is a crucial component of pandemic response!

Lesson 10: There is life beyond COVID-19. We cannot be paralyzed by our fear of the virus. We must move forward...to Learn more, Protect More, and Serve More.

Since August 2020 we have moved our COVID operations back to cater to more non-COVID patients. There are now new residents and more students this 2021! We now have repositioned our lenses and now also see and begin to address the collateral damages of COVID: antimicrobial resistance; neglect of other infections like TB, HIV; and noncommunicable diseases like

diabetes, hypertension, and so on.

While clearly limited by standards for physical distancing and more experienced with virtual meetings and learning online, the PGH university community enjoins all in our efforts to start moving towards a “new future” which the [WHO offers as a sustainable next step to go from where we are now](#). While we continue to be vigilantly prepared for the entry of new variants and surges as well as mitigate the risks for the occurrence of small and big clusters and outbreaks within our own departments, we must also move towards recovery and improving our entire health system to address not only COVID-19 but also the other pressing health concerns of the larger Filipino population. We definitely know more now, so we can select our daily actions with calculated risks.

The forthcoming vaccination of PGH HCWs is a most welcome boost. It feels like we are beginning a new chapter in our journey! A new chapter of hope and resilience! **Here is to a safer, healthier, stronger PGH! Regina Berba, Eric Berberabe, Rodney Dofitas, Bill Veloso, Lilibeth Genuino, and Director Gap Legaspi**

EDITORIAL BOX

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CPH and British Embassy Manila launch webinar series on vaccine deployment

As the country gears up for the deployment of COVID-19 vaccines, the British Embassy Manila and UP College of Public Health (UP CPH) launched the *United Kingdom (UK)-Philippines Vaccine Deployment Clinic*, a four-part webinar series which focuses on topics related to the vaccine roll-out in the country.

The first session held on February 10, 2021, was entitled “Vaccine Procurement and Deployment: Lessons Learned from Developing a Cross-government Strategy Informed by Scientific Advice.” Attracting more than 500 participants from government agencies, health facilities, and educational institutions in the Philippines and the United Kingdom; the learning series kicked off with opening remarks from UP Manila Chancellor Carmencita Padilla and Ambassador Daniel Pruce of the British Embassy Manila. Discussions were moderated by UP CPH Dean and Centre Director Dr. Vicente Belizario, Jr. and Dr. Maria Margarita Lota, Chair of the UP CPH Department of Medical Microbiology (DMM).

Invited speakers were Professor Carole Mundell, Chief Scientific Envoy of the UK Special Advisory Group for Emergencies (SAGE); Mr. Chris Minchell, deputy director of the UK Vaccine Task Force at the Department for Business, Energy, and Industrial

Strategy; and Secretary Carlito Galvez, Jr, chief implementer of the Philippine National Task Force for COVID-19.

Focusing on the importance of informing pandemic responses through scientific advice, Professor Mundell related how the UK quickly identified response groups from a pool of scientific experts and how they promptly upscaled vaccine research, planning, and manufacturing, even in the early days of the pandemic. She underlined the importance of an agile, evidence-based, and equitable pandemic response and emphasized that it is in the interest of the UK to assist low-income countries in gaining access to COVID-19 vaccines.

Meanwhile, coming from the perspective of industry regulation, Mr. Minchell discussed lessons learned from the UK government procurement strategy and cross-government coordination led by the Vaccine Task Force. He explained the necessity for streamlined decision making in the government; speed, diversity, and quality execution of trials by researchers; flexibility in manufacturing different vaccine forms in the supply chain; well-defined criteria for vaccine acceptability in regulatory agencies; and quick commercialization of available vaccines.

Finally, capping the series of talks

was Secretary Galvez, who reported the Philippine national deployment strategy for COVID-19 vaccines which included negotiations with foreign governments including the UK and efforts to finance vaccination through discussions with the Asian Development Bank and the World Bank. He also presented the status of preparations at the local government level, the roll-out plan for the four quarters of 2021, vaccination priority guidelines, and the conduct of simulation exercises all over the country. He highlighted the underlying principle of the government vaccination strategy: “*walang iwanan, walang maiwan.*”

Dr. Sheriah Laine M. de Paz-Silava, Associate Professor at the DMM, served as the program moderator. The overall coordination was a joint effort of the DMM and the BEM-UP CPH Webinar Series Project Team led by Dr. Jaifred Lopez, Assistant Professor and Special Assistant to the Dean. This series also includes sessions on vaccine delivery and administration (February 17), risk communication (February 24) and vaccine safety and efficacy (March 3). **Sheriah Laine M. de Paz-Silava, MD, PhD**

HICU ALERT
on COVID-19
Released 21 March 2021 (10PM)

APPEAL TO ALL PGH HCWs:

1. Always examine yourselves before coming to work and **STAY AT HOME IF YOU ARE SICK.**
2. **REDUCE YOUR SOCIAL MOBILITY.** Restrict movements to only essential activities in the next 2 weeks.
3. For those directly caring for patients: **keep updated with COVID test results** as well as the **daily status** of your patients & their watchers.
4. Continue to **follow ALL INFECTION CONTROL PROTOCOLS** (proper PPEs according to location and work), hand hygiene, & physical distancing.

WE NEED TO LOOK AFTER EACH OTHER!

COVID-19 DAILY REPORT
as of 15 March 2021

<p>COVID-19</p> <p>CURRENTLY ADMITTED</p> <p>155</p> <p>CONFIRMED</p>	<p>COVID-19</p> <p>CURRENTLY ADMITTED</p> <p>1</p> <p>PROBABLE</p>	<p>COVID-19</p> <p>CURRENTLY ADMITTED</p> <p>0</p> <p>SUSPECT</p>	<p>COVID-19</p> <p>CURRENTLY ADMITTED</p> <p>156</p> <p>TOTAL</p>
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RUNNING TOTALS
since Feb 1, 2020

EXPIRED
552

ADMISSIONS
3034

UP-PGH HCW
(since March 30, 2020)

Total Tests Done on HCWs (all areas) 12,387

Total COVID Tests 829

From COVID Wards: 196

Doctors: 53

Nurses: 112

Others: 31

From Elsewhere: 633

Doctors: 124

Nurses: 154

Others: 355

COVID-19 **RECOVERED + DISCHARGED** **2307**

Recovered awaiting discharge: 0

VACCINE ROLLOUT FROM PAGE 1...

It envisions to vaccinate all its prioritized healthcare workers by the end of March.

Before the rollout, PGH conducted simulation not only of the vaccination and monitoring of adverse effects but also of the arrival and storage of the vaccines with their room and cold storage

requirements and their preparation.

The Philippines is the last in ASEAN to rollout its vaccination drive despite having the second highest number of cases and with a surge in cases daily. As of March 15, coronavirus cases in the country was recorded at 5,404 COVID-19 cases – the 4th biggest single-day tally in the country since the pandemic began. **Cynthia M. Villamor**

UPM joins worldwide initiatives for birth defects and rare diseases

In celebration of the 5th World Birth Defects Day, the March of Dimes (MOD) together with World Health Organization (WHO) and the US Centers for Disease Control and Prevention (US CDC) organized a webinar entitled: “**Saving Lives of Babies with Birth Defects and Improving their Quality of Life**” last March 03, 2021.

This webinar aimed to promote quality of care and universal health coverage for children with birth defects and to bring to light different perspectives and the need for this advocacy. Among the panelists was **Dr. Carmencita D. Padilla**, Professor of Pediatrics, Chancellor of the University of the Philippines Manila, where she shared the success story of the newborn screening program of the country.

After the webinar, MOD hosted a twitter chat that fostered important virtual discussions with various organizations from all over the world. The Volunteer Youth Leaders for Health – Philippines whose advocacy includes the promotion of folic acid in the prevention of birth defects,



participated actively in this unique event.

The last activity for the week attended by Dr Padilla was the Rare Disease Day Policy event, a *Call for a UN Resolution on Persons Living with a Rare Disease* “**WHY A UN RESOLUTION AND WHY NOW**” on March 3, 2021. The overarching goal of the event is to position persons living with a rare disease (PLWRD) as a priority population in need of global and national policies that address their needs and contribute to achieving the UN 2030 Agenda, the Sustainable



Development Goals and their pledge to ‘leave no one behind’. At this event, the proposal from the rare disease civil society community, with the support of a number of UN Member States, is to adopt a UN General Assembly Resolution that can act as a catalyser towards this goal.

DDB donates funds for research on substance abuse

On March 10, 2021, the Dangerous Drugs Board (DDB) awarded funds for research on substance abuse to the University of the Philippines Manila in virtual turn over ceremonies.

UP Manila Chancellor Carmencita D. Padilla received the check from Usec. Earl Saavedra and Usec. Benjamin Reyes, while team members of the Drugs of Abuse Research Laboratory (DARL) and other key officials of the DDB witnessed the event.

Dr. Padilla mentioned that the research is the contribution of the academe in looking for



solutions to the problem of substance abuse in the country.

The fund will be used for the research entitled “Development and validation of a plastic based microfluidic point of care test device (ETox) used to detect intoxication with selected new psychoactive substances and pharmaceuticals.” This project will be led by Dr. Ailyn Yabes.

Dr. Carissa Dioquino, from the College of Medicine Department of Neurosciences and DARL Project Leader, Dr. Ailyn Yabes, from the CM Department of Pharmacology and Toxicology and Principal Investigator for the proposed study. and Asst. Prof. Joanna Toralba, from the College of Pharmacy Department of Pharmaceutical Chemistry and DARL Laboratory Manager, were present during the occasion.

Spirituality and Healing: The medical benefits of prayer

Spirituality, in general, is part of holistic care and part of what would complement all medical perspectives. As we care for ourselves holistically, our care for patients should also be holistic, meaning not only medical, surgical, pharmaceutical, or psychological, but also spiritual.

This was the gist of the talk delivered by Fr. Gregory Ramon D. Gaston, SThD, Rector of Pontificio Collegio Filipino in Rome during the UPMed Lenten Webinar entitled “Healing through Prayer: Spiritual and Medical Perspective” held on February 26, 2021.

Fr. Gaston, a second year UP College of Medicine student (Class of 1990) when he was called to the priesthood was subsequently ordained in 2013, presented medical literature and articles on the positive effects of prayer, spirituality, faith, and religion on disease and wellness. Prayer and spiritual life affects mental strength, relieves stress, overcomes addictions and denials, and builds determination toward health promoting and life affirming attitudes and actions. He emphasized that prayer is not a substitute for medicine but will complement human efforts towards healing. Prayer builds relationships between the healthcare practitioners and other hospital staff and the patients.

He cited passages from the Bible where Jesus went to a secluded place by Himself to pray even if, like us, He had so many things to do like curing the sick, teaching the people, feeding the hungry, and so on. There were times He brought the apostles close to Him up a high mountain to pray. Fr. Gaston mentioned the Transfiguration, when Jesus went to a high mountain taking the apostles Peter, James, and John and there He was transfigured before them, with His face and clothes turning white as snow.

“We are now in our Lenten season when we pray and lift our mind to God and reflect on His will; do fasting to offer some of our pleasures, not only food, but also the use of cellphones, shopping; and do almsgiving and



other charity works. This way, we join Jesus in His sacrifice and passion, in His death and resurrection. Through these actions, we experience growth in our spiritual life,” said Fr. Gaston, a Philosophy and Theology graduate of the University of Nevada in Spain who obtained his licensure and doctorate in Sacred Theology at the St Thomas University in Rome.

Dr. Cynthia G. Morales, lecturer at the Cebu Doctors University College of Medicine, stated that the points presented by Fr. Gaston lead to deeper insights about healing and about man. She highlighted that well-being and happiness come from the fulfillment of our nature as human beings while disease results from a deviation or disintegration of our nature. Man is a unity of body and soul and is evidenced across the different fields of science.

She enumerated examples of these evidences, such as metabolic syndrome that demonstrates bodily unity; common inflammatory pathways that explain the interrelatedness of disorders of various body systems; epigenetics that shows that the environment and behavior can modify gene function and gene expression in many diseases; psychosomatic illnesses that bring body-mind relations; and neuroplasticity that shows how the nervous system can adapt to external and internal stimuli and actually change in terms of neurochemistry, neurotransmission, neurogenesis, and even morphology of the brain.

“It would be good for us to regard

prayer not just as another strategy for well-being but rather as a deeply embedded function of our nature,” Dr. Morales explained as she stressed the need to integrate prayer into our personal and professional lives.

The UPCM Class of 1990 dedicated the webinar to the memory of their classmate, Dr. Max Tandock who was a dedicated physician and teacher. This is the fourth year of the Lenten and Advent Webinar series which have been live streamed in the Philippines and the rest of the world with 400 to 500 attendees per webinar. **Charmaine Lingdas**

HICU ALERT


on COVID-19

Released 09 M

The COVID-19 virus is CUNNING and SLY.

And it is mutating.
Now it spreads more easily and quickly.
One infected person infects more now than before.
And it is in our communities outside of PGH.

Protect yourself.
Wear your masks.
Keep your distance.
Wash your hands.
Get vaccinated.



APPEAL TO COVID-19 SURVIVORS

We are looking for recovered COVID-19 patients willing to **donate blood for compassionate use of convalescent plasma therapy** for our critically ill COVID-19 patients.

To donate, kindly fill-up the online form: <https://tinyurl.com/PGHBDCCP>
For other questions, please contact the Blood Donor Center Hotline: 0947 488 2817

