

## MESSAGE FROM THE Chancellor

*Healthscape marks a milestone! It has been a year since the first Special COVID-19 Issue came out last April 18, 2020, after the Philippine General Hospital was designated a COVID referral center. We go back to our old masthead showing the white outline of our stately buildings to mark this watershed moment in UP Manila's history—that we have for the past year battled an unforeseen powerful enemy with science and intelligence, ingenuity, solidarity and leadership, and most especially strength of character coupled with compassion.*

*We have had significant triumphs, but the fight is far from over. The NIH has therefore chosen a very apt theme for its 23rd Anniversary Forum, “Outliving the COVID-19 Pandemic: Beyond Resiliency”. A roadmap is needed to be laid out that will focus on the far-reaching wider context of outliving this crisis. During the keynote speech, “COVID-19: Circularity and a Better Normal” was discussed by Dr. Michael Tan; while on the second day of the anniversary forum, DOH Undersecretary Dr. Maria Rosario Clarissa Singh-Vergeire shared four guiding principles and strategies in approaching the “better normal”.*

*It is best at this point in time to be acutely aware of what “planetary health” is all about as it impacts the health of all of us. UP Manila is fortunate that we have a Planetary Health Committee in the College of Arts and Sciences that aims to raise awareness and interest on the subject through research, publication, and public forums.*

*On the Universal Health Care (UHC) front, UP Manila continues to support and strengthen its implementation by conducting a four-month online Health Policy and Systems Research Training. From various UHC Integration Sites of the DOH, 74 completed the training. This program is in keeping with our campus' role as the health sciences center.*

*Indeed, the Almighty has looked graciously at our community in this time of turmoil. We encountered enormous difficulties this past year but we came out victorious for the most part, although we lost some fights. With renewed vigor, ever astute minds, and benevolent hearts, let us conspire as one family to overcome this pandemic and usher in a brighter tomorrow!*

## “Outliving the COVID-19 pandemic: Beyond resiliency”

With the Philippines' response to COVID-19 viewed as inadequate and amid a new surge in cases, the 23rd Anniversary Forum of the UP Manila National Institutes of Health held on March 2 presented a different view of the crisis. The theme focused on the far-reaching, wider context of outliving the pandemic and going beyond resiliency for a roadmap that recognizes the interrelationships of human health, animal health, and environment.

**Dr. Michael Tan**, National Academy of Science and Technology (NAST) Academician and former UP Diliman chancellor, articulated this theme in his keynote speech entitled “COVID-19: Circularity and a Better Normal.”

Recounting the origin of the virus that started in wildlife before jumping to humans, he stated that the changes in the human relationships with animals and the environment and our intrusion into natural habitats and environmental degradation have created the situation we are in.

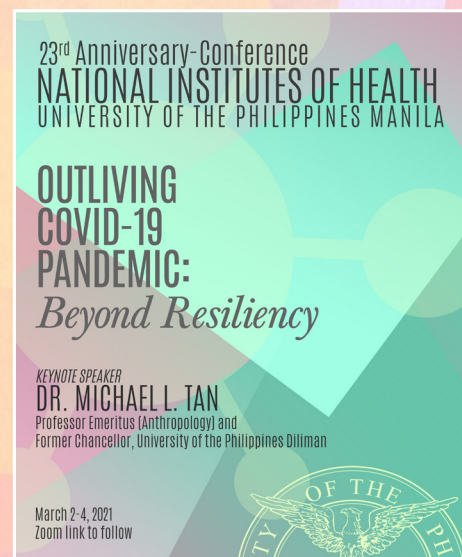
COVID-19 not being the last pandemic we will experience, he said it is not enough to speak of resilience as it often becomes an excuse and justification for inaction. Despite more popular terms such as “new normal” and “reset,” he used “circularity” and “better normal” which are more reflective of what is happening now and what will happen in the future as we strive to outlive the pandemic.

He defined better normal as dealing with the long-term effects of COVID-19, preparing for future public health emergencies, and being able to mitigate the impact of disasters, public health or otherwise. It means avoiding mistakes of the past and addressing the comorbidities, not just medical but also psychosocial or the things that make us more vulnerable which also makes COVID-19 very destructive.

“Our lack of preparedness for COVID-19 does not augur well for future public health emergencies as well as other natural disasters. What if the “Big One” that we are anticipating turns out to be not an earthquake but a pandemic more serious than COVID-19,” he posited.

Towards the better normal, Dr. Tan suggested a change from the current linear paradigm sometimes referred to as “take, make, and dispose” (to extract something from nature, make something out of it, then dispose

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# National Telehealth Center director and NIH research prof among 7 TOYM awardees



Dr. Raymond Francis Sarmiento, Director and Research Assistant Professor of the UP Manila National Institutes of Health's National Telehealth Center, is among the seven The Outstanding Young Men (TOYM) awardees for 2021.

A world-class doctor and multi-awarded scientist, he became the first and only Filipino to receive formal training in the United States in clinical informatics and public health informatics. Despite lucrative job offers abroad, Dr. Sarmiento came back to the Philippines to develop the country's first health interoperability software connection, paving the way for higher technologies and efficiency levels in the local health service.

His notable contributions in the field of biomedical and health informatics that have improved the welfare of Filipinos have made him a role model and mentor to others and has put him in a unique position to help improve the Philippine health care system.

According to his Link in profile, Dr. Sarmiento, UP Manila and Philippine General Hospital Chief Data Protection and Privacy Officer and UP College of Medicine's Medical Informatics Unit Clinical Assistant Professor, finished a National Library of Medicine Fellowship certificate course in Biomedical Informatics at the Marine Biological Laboratory in

Woods Hole, MA in 2011. He served as a Public Health Informatics Fellow in the Division of Surveillance, Hazard Evaluations and Field Studies at the National Institute for Occupational Safety and Health at the U.S. Centers for Disease Control and Prevention from 2014-2016. Prior to joining CDC, he completed his medical informatics postdoctoral fellowship at the Office of High Performance Computing and Communications, Lister Hill National Center for Biomedical Communications, NLM, National Institutes of Health in Bethesda.

Dr. Sarmiento received his BS Psychology degree (*cum laude*) from UP Diliman in 2003 and Doctor of Medicine degree from UP Manila in 2008. He is president of the Philippine Medical Informatics Society (PMIS) and chair of the Health Informatics for Development Working Group of the International Medical Informatics Association.

His current research projects are in the areas of health data science, health information exchange for genetic diseases, standards and interoperability, clinical decision support, telemedicine, and public health surveillance.

Formerly known as The Outstanding Young Filipinos, the TOYM honors the contributions of young Filipinos to their fields and to the nation's growth and development. This year's Board of Judges was chaired by Supreme Court Justice Rosmari Declaro Carandang with CNN Philippines Senior Anchor Federico Hizon, Presidential Commission for the Urban Poor Commissioner Randy Halasan, Department of Finance Undersecretary and Synergeia Foundation CEO Milwida Guevara, Interior Crafts of the Islands Inc. President Kenneth Cobonpue, Management Association of the Philippines President Francisco Lim, and UP Manila Chancellor Carmencita Padilla as members.

Cynthia M. Villamor

## HICU ALERT

on COVID-19

Released 21 March 2021 (10PM)

### WE ARE EXPERIENCING A SURGE OF COVID-19 INFECTIONS AMONG HCWs.

177 HCWs

This explosive surge may be explained by 2 things:

- Our HCWs are affected and infected by the ongoing heavy community transmission triggered by the introduction of virus variants.
  - Random samples from PGH (HCWs & patients) sequenced during March 10-13, 2021 showed that 23 out of 29 samples (79%) were either the UK or the South African variants.
- The observed decline in our vigilance in following preventive protocols in our workplace
  - Improper PPEs, sharing meals, coming to work even when ill.

(1/5)

## HICU ALERT

on COVID-19

Released 21 March 2021 (10PM)

### RETURN TO WORK POLICY AFTER COVID INFECTION

All PGH employees who had a positive PCR test for SARS CoV2 from March 1, 2021 onwards **REQUIRES a NEGATIVE swab test result** on the 15th day before they can be cleared by UPHS to go back to work.

- For **asymptomatic persons**: swab on the 15th day after the positive test
- For those **with symptoms**: swab on the 15th day from onset of symptoms

(2/5)

## HICU ALERT

on COVID-19

Released 21 March 2021 (10PM)

### DURATION OF QUARANTINE FOR HIGH RISK EXPOSURES

All PGH employees assessed to have **HIGH RISK EXPOSURES** to COVID-confirmed cases will remain in **quarantine for 14 days** from the high risk exposure, regardless of the results of the initial swab.

- For asymptomatic exposed persons: swab is done on the 5th day after exposure
  - If **NEGATIVE**: repeat swab 15th day post-exposure
  - If **POSITIVE**: manage as COVID-confirmed HCWs
- For exposed persons who develop symptoms: swab on the 1st day of symptom appearance
- A negative swab test result is required for Return to Work
- Persons who continue to have Positive swab results after the recommended isolation period will remain in isolation. Nasopharyngeal swab will be repeated on the 7th day and every 7th day until the swab becomes negative.

(3/5)



# WHAT IS PLANETARY HEALTH? AND WHY SHOULD WE CARE?

The symptoms are all too obvious to anyone who is paying attention: unbreathable air, rising health problems, barely affordable food, and crazy weather. Clearly, the planet is sick. If it dies, so does the human species.

The health of the planet is the health of us all. And this is why everyone should care about planetary health.

## What is planetary health?

“Planetary health” is a young term coined in 2014 by Richard Horton, editor-in-chief of the medical journal *The Lancet*. It is a way of looking at human health in connection to the environment: the earth’s temperature, food supply, pollution, and other complex issues—issues that cannot be limited to just one field of study or area of society.

Scholars of planetary health take an interdisciplinary approach in looking into health and environmental issues, with the hope of finding solutions that are as interconnected as the problems they are trying to solve.

The term may be young, but the concept is as old as the web of life. Take, for example, the COVID-19 pandemic the world is undergoing.

The pandemic started when the SARS-CoV 2 virus jumped from its original hosts, bats, to a new one, the citizens of Wuhan, the capital of Hubei, China. The rest, as we say, is history: Since people cross over national borders all the time, so did the virus, making it one of the top debilitating reasons why Time Magazine called 2020 as “the worst year ever.”<sup>1</sup>

How the virus made its terrifying crossovers is a classic case for the links among the economy, biology, culture, politics, and, ultimately, human health.

According to the World Health

Organization, humans and bats hardly interact, so a virus jumping from bats to humans should be rare.<sup>2</sup> But in Wuhan, as in many other Asian cities, wildlife and domestic animals, dead or alive, are often sold together. Thus, SARS-CoV 2 could have jumped from bats to another animal—one that humans have more contact with, such as livestock—before finally crossing over to humans. The virus also just happens to be well-adapted to human cells, allowing it to thrive in its human hosts.

But why are those virus-ridden bats in Wuhan in the first place? Do they eat bats for breakfast in China?

The answer, according to a National Geographic article<sup>3</sup>, is much more nuanced. Unlike the racist stereotype levelled against the Chinese, they do not eat everything. Eating wildlife is reportedly prevalent in some cities, like Guangzhou, but is rare in others, like Beijing. It is also practiced more by the older Chinese than the younger ones. However, it is big business: only the rich can afford exotic delicacies tagged with allegedly mysterious rejuvenating powers. This appetite of the privileged fueled a wildlife trade that resulted in what we all suffer today.

## Why should it matter to Filipinos?

The Philippines’ devastating experiences with the COVID-19 pandemic—from the thousands of ill and dying, to a health system on the brink of collapse, and a worsening economy—clearly behooves all Filipinos to take planetary health seriously.

The Rockefeller Foundation’s 2017 issue of *Panorama Perspectives: Conversations on Planetary Health*<sup>4</sup> shows environmental and health issues to be at the forefront of planetary health: pollution, from solid fuels (*panggatong*) in households to fossil fuels in industries, cause respiratory diseases; dwindling fish supply from

overfishing and the warming of the oceans lead to malnutrition and poverty; and, extreme weather events bring illnesses and deaths. These are problems all too prevalent in the Philippines, to the point that most people consider them normal.

However, there is hope for us and the world, too. Planetary health is premised on this hope: that we can change our ways to solve problems that we ourselves created.

Two such bright spots are the communities of Ajuy (Iloilo) and Del Carmen (Surigao del Norte), which had been living with the dire impacts of climate change. These were featured in short films directed and produced by Renzo Guinto, a Doctor of Public Health graduate from Harvard University.<sup>5,6</sup>

Faced with rising sea levels, diseases, coral bleaching, and drought, these communities worked together to build health systems that were “climate-smart”: designed for the unique environmental and health concerns of each locality. A key innovation is the creation of a climate field school in Del Carmen, one of the first in the country, that helps farmers and fisherfolk develop sustainable practices.

The lesson from these examples is simple and clear: when we take care of the planet, we also take care of ourselves. **M. Z. MICIANO**

### The CAS Planetary Health Committee

This article is from a series of features created by the College of Arts and Sciences Committee on Planetary Health of the University of the Philippines Manila. Representing various fields from the social sciences and the natural and physical sciences, the committee embodies the interdisciplinary nature of planetary health research and is working to raise awareness and interest on planetary health through research, publication, and public forums.

1. Zacharek, Stephanie. “2020 Tested Us Beyond Measure. Where Do We Go From Here?” Time Magazine. 05 December 2020.

2. World Health Organization. “Origin of SARS-CoV-2.”

3. Daly, Natasha. “Chinese citizens push to abolish wildlife trade as coronavirus persists.” National Geographic. 31 January 2020.

4. “Planetary Health 101: Information and Resources.”

Panorama Perspectives: Conversations on Planetary Health (Report 1). Rockefeller Foundation. September 2017.

5. Guinto, Renzo. “Voices PH: Ajuy, Iloilo.” 12 April 2019.

6. Guinto, Renzo. “Voices PH: Del Carmen, Surigao del Norte.” 12 April 2019.



# Health Policy and Systems Research training grads urged to bolster UHC implementation

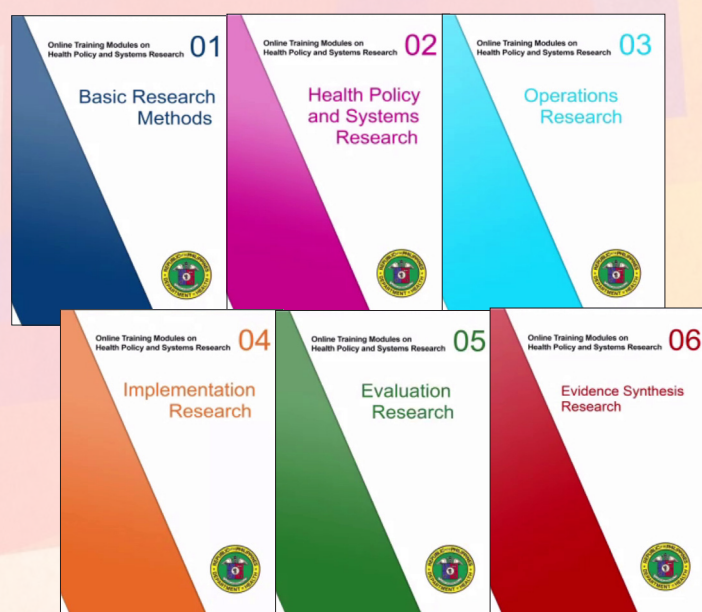


A virtual graduation ceremony was held on March 31, 2021 for 74 graduates representing different Universal Health Care (UHC) Integration Sites of the Department of Health and the Philippines' 13 geographic regions who completed a four-month Online Health Policy and Systems Research (HPSR) training course. The course was conducted to strengthen and support the implementation of the UHC Act through the availability of trained health personnel in HPSR that is vital in ensuring the provisions of the law.

In her message, UP Manila Chancellor Carmencita Padilla stressed that this accomplishment is imperative to ensure success in the full roll-out of the UHC law amid the still raging COVID-19 pandemic. Overall, she noted that by having a cavalry of trained health policy systems and development researchers from different regions, we can contribute to a more spirited process in carrying out the UHC Act.

Philippine Council for Health Research and Development Executive Director Jaime C.

Montoya congratulated the graduates despite the burden and limitations of the pandemic. He called on them to share what they



have learned with their colleagues and foster a culture of knowledge-sharing and informed decision-making in public health service.

Challenging the graduates, Health Undersecretary Dr. Mario C. Villaverde underscored that now is the best time to serve our country and contribute to the provision of better health services as our health system is in dire need of innovative ideas to institute the reforms needed under the UHC.

In his response, class valedictorian Dr. Robert Ponje highlighted “evidence-based decision-making in our hands.” He committed to apply HPSR in his work to achieve better health outcomes through research and appealed to his co-graduates to ensure the utilization of the different research designs and methodologies they have learned to make their work even more effective and responsive.

Health Policy Development and Planning Bureau Director Frances Rose Mamari’s hope is that graduates are better capacitated with practical research and analytical skills to effectively facilitate the transformation of their respective local health systems especially the technical, financial, and managerial aspects of integration.

The online training in HPSR was launched on November 17, 2020. For its pilot class, 284 enrollees were recommended by the 53 UHC integration sites from Luzon, Visayas, and Mindanao. The participants undertook training in the following six modules developed for this course: Basic Methods Research, Health Policy and Systems Research, Operations Research, Implementation Research, Evaluation Research, and Evidence Synthesis Research.

The project team is composed of the former dean of the National Teacher Training Center for the Health Professions Prof. Erlyn A. Sana as Project Leader with members NTTCHP Dean Dr. Melflor A. Atienza, Dr. Arlene A. Samaniego, Dr. Emerito Jose A. Faraon, Dr. Michael P. Sy, Dr. Emely D. Dicolan, Prof. Nina Yanilla, Claire D. Pastor, Prof. Geoffrey Solano, Diosdado Calmada, and Armando B. Cervantes. Anne Marie D. Alto



# Vergeire shares lessons, from pandemic to new normal

As we pivot to outlive this virus, we learn critical lessons every day in order to adapt to the immense challenges bought by the pandemic. During the second day of the virtual celebration of the National Institutes of Health's 23rd Anniversary Forum, Department of Health Undersecretary for the Health Regulation Team **Dr. Maria Rosario Clarissa Singh-Vergeire** presented four guiding principles behind the national government's response to the pandemic and the strategies employed as we approach the "better normal."

First principle: We fight against COVID-19 through a multi-sectoral approach. Dr. Vergeire admitted that there were minimal coordination and collaboration between the national and the local governments at the outset of the pandemic. The cascade of information to the local government has not been very dynamic which led to meager awareness and poor compliance with minimum health standards. Hence, national strategies are to be better accustomed at the barangay level to ensure harmonization of all actions.

The DOH spokesperson mentioned the **Coordinated Operations to Defeat the Epidemic** or **CODE** approach that support the local governments with clustering of cases. The CODE includes prevention (monitoring and enforcement of establishments), detection (active surveillance, case finding, and contact tracing), Oplan Kalinga (triaging suspect, probable, and confirmed cases to proper facilities), testing, treatment (One Hospital Command), and social amelioration program (family food pack and other day-to-day commodities).

The **COVID-19 Vaccine Cluster** was likewise formed to use existing organizational and coordination mechanisms which will serve as a system to vaccinate all eligible Filipinos. This cluster is composed of six groups, each led by different government agencies: the Evaluation and Selection by the Department of



Science and Technology; Diplomatic Engagement and Negotiations by the Department of Foreign Affairs; Procurement led by the Department of Finance; Demand Generation and Communication by the Philippine Information Agency; and Logistics Management and Actual Immunization Program by the Department of Health.

A **Vaccine Expert Panel** was created to advise the government on the research and development of vaccines. A **Health Technology Assessment Council** also aids in determining which vaccine should be chosen based on efficacy and cost-effectiveness. The **National Immunization Technical Advisory Group (NITAG)** helps in improving the strategies for health delivery, and the national **Adverse Effects Following Immunization (AEFI)** gives advice for any adverse events.

Second principle: Science shall inform decision-making at the institutional and individual level. As knowledge about COVID-19 evolves, so should policies and guidelines. Experts in various fields such as infectious diseases, public health, epidemiology, molecular biology, laboratory science, biochemistry, bioethics, and vaccinology are tapped to provide evidence-based recommendations that will form the basis of policies and guidelines.

Third principle: Recognizing limited resources, prioritization is done guided by fairness and transparency. The pandemic illustrates how crucial it is to equip citizens with the right information to adequately protect themselves and their families from COVID-19.

Speculations and misinformation need to be constantly addressed. Communication campaigns were created such as the **"Disiplina Brigade"** to encourage every Filipino to become a **"BIDA Ambassador"** (B- bawal ang

walang mask at face shield, I- isanitize ang kamay at iwasan ang kulob na lugar, D- dumistansya ng isang metro at limitahan ang interaksyon sa iba, A- alamin ang tamang impormasyon).

Last principle: In the event of any conflict of rules or guidelines, human dignity and the safety and needs of the individuals will prevail. The DOH, together with the DOLE, has released the **Guide to the New Normal** (Joint Memorandum Circular 20-04-A) for supplemental guidelines on workplace prevention and control of COVID-19. This document describes the minimum public health standards based on DOH's 5 point strategy vs. COVID, non-pharmaceutical interventions that can be used to reduce transmission, and sector-specific guidelines which will provide key points catering to different sectors and industries.

Dr. Vergeire concluded, in order to stop the transmission of the virus, it is essential that we adapt effectively as this will later on catalyze our country and economy's recovery. "Transitioning to the new normal refers to emerging behaviours, situations, and minimum public health standards that will be institutionalized in routine practices and will remain until the total eradication of the pandemic," she added. **Anne Marie Alto**

## EDITORIAL BOX

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## OUTLIVING COVID FROM PAGE 3...

of it), that assumes infinity of resources to the circularity approach.

Circularity recognizes that resources are finite and that models for development must look for ways of closing the loop. “Whenever we produce something, we have to look at the entire life cycle as a circle so that we have to consider planning and redesign, reuse, readaptation, reimagination, and disposal, if necessary; but not before they have been reused,” he stated.

### Five health-related domains

Under the first domain, **Clinical Practice**, he stressed the need to create a national database that looks at asymptomatic, mild, moderate, and severe COVID and at long COVID. This should include affected organ systems and pathophysiology, therapeutic itineraries, including complementary and alternative modes similar to the exhaustive studies of other countries.

The database will entail clinical data and information on signs and symptoms. Dr. Tan argued that for a typhoon-prone country like the Philippines, COVID should draw on metaphors of cytokine storms to help people understand it more. Advisories are also needed on medicines, supplements, and practices being used.

There is almost no information on long COVID with employers and even health personnel. There are other serious multisystem injuries and their implications for health financing, workplace policies, and schools should be studied.

For the second domain, **Epidemiology**, Dr. Tan asked who are being infected, where and in what circumstances? The virus hits urban poor barangays much harder. Contract tracing is being done but he wondered if data gathered are being fed into a database.

With world data clear that nearly all infections occur indoors, it is vital to know what are these indoors in the Philippines, whether homes, restaurants, or public vehicles. He urged a political economy emphasis looking at socio economic status, gender, ethnicity, and other social

determinants of disease that have not been looked into.

Under the third domain, **Mental Health**, he argued that social isolation and sequestration have aggravated existing mental health problems and caused new ones. Rules are too rigid and unchanging and the long-term effects on mental health will be severe for young people and the elderly with greater vulnerability as well for domestic violence for women and children and for COVID’s neurological aspects.

Dr. Tan pushed for a review of lockdown policies especially as they impact on mental health in its widest sense, including the cognitive integrity of children and elderly. For children, he talked about intergenerational circularity he referred to as a vicious cycle. He suggested simple solutions allowing breaks for sunlight, fresh air, exercise, and cognitive stimulation.

For the fourth domain, **Food and Nutrition**, he mentioned that the problems on food supply surfaced from day one of the lockdown, especially for the elderly, disabled, and the sick. The initial shortages have resulted in people eating comfort food which were often junk food. He revealed that hunger has doubled from 8.8% in January 2020 to 18% in March, tripled to 30.7% in July and went down a bit in November.

He cited the NAST webinars on planetary health diets emphasizing circularity by tapping local farmers. Legislation is needed to encourage urban gardening and sanction subdivisions that prohibit planting of fruits and vegetables. He hoped the plantdemic phenomenon can avert the often unhealthy food ayudas.

With **Vaccination** as the fifth domain, Dr. Tan said so much hope is put on vaccines but there is widespread vaccine hesitancy related to the growing denial of COVID, mistrust due to previous vaccine scares, and the Dengvaxia issue. A Nov 2020 Pulse Asia survey revealed only 32% of Filipinos are willing to be vaccinated.

A major challenge, he stated, is the need for IEC materials to address vaccine hesitancy and explain what efficacy means. Failure to lure more

people to be immunized will affect the entire barangay. It is important to let people know that even after getting the shot, they will not achieve immunity at once and such things need to be communicated well.

At the core of these domains is **Governance**. Dr. Tan acknowledged that circularity and a better normal runs best on trust and faith. “Many problems arose out of neglect of the basics in public health so that people don’t trust government and health professionals as they used to.”

With a need for and expectations of far-reaching changes beyond the pandemic, he expressed hope that “with trust and faith, we will be able to move to a better normal.” **Cynthia M. Villamor**

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

**FOR EMPLOYEES WITH EXPOSURE TO HOUSEHOLD COVID CASES**

All PGH employees who live with or visited household persons with COVID are going to be considered as **HIGH RISK EXPOSURES**.

- They should go on voluntary self-quarantine & **NOT REPORT TO WORK**
- Quarantine period is 14 days from the last contact with the household member with COVID-19
- **A negative swab test result is required** for Return to Work

We should watch over our families and guide them on how to protect themselves, and to practice all COVID preventive measures. If any family member is confirmed to be COVID positive, **ISOLATE** them either in a quarantine facility or hospital as needed, or at home with your supervision.

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**HICU ALERT**  
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**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!**

(5/5)