COVID-19 HEALTH BULLETIN MARCH 30, 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 <u>inquiries@benefitsmadebetter.com</u> to see how we can help you.

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COVID-19 Update

AS OF MARCH 30, 2020

No. of cases worldwide: 735,560¹ No. of deaths: 34,830 (5%)¹ Confirmed cases in the Philippines: 1,546²

COVID-19 Cases in the Philippines surpasses 1,000



Figure 1. ActiveLink's Business Intelligence Dashboard on COVID-19 Analysis

The Department of Health (DOH) on March 29 announced 343 new cases of the coronavirus disease. This is the highest single-day increase since the outbreak.³

The DOH mentioned that cases are bound to increase as the government increases its efforts to test suspected cases of COVID-19.



Figure 2. Daily increase of COVID-19 cases in the Philippines

Of 17 regions, the National Capital Region reported the highest number of cases of COVID-19. Around 32% are residents or receiving treatment from level 2 and 3 hospitals located in the region.

Likewise, the county's capital region has 20,785 persons per square kilometer (km²), making it the most densely populated region in the Philippines (Philippine Statistics Authority, 2015).⁴



Figure 3. Number of COVID-19 cases in the National Capital Region, Philippines

In terms of population, Quezon City remains the most populated city with almost 3 million people, according to the 2015 Population Census. With the biggest population and land area (172 km²) in the region, Quezon City also has the highest number of confirmed cases on city level.



Figure 4. Confirmed COVID-19 cases per age group in the Philippines

The coronavirus infects people of all ages. The World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) identifies older people and those with underlying conditions (e.g., chronic lung disease, hypertension, diabetes, heart disease, etc.) might be at higher risk for severe illnesses from COVID-19.^{5,6}



Figure 5. Fatality versus recovery rate of COVID-19 cases in the Philippines

Based on actual COVID-19 cases in the country, Figure 5 shows that majority of the confirmed cases are ages 55 and above with pre-existing conditions like diabetes, asthma, hypertension, etc. This age group also has higher fatality compared to the rest.



Figure 6. Philippine Statistics Authority (2015). Top 5 Regions with the Highest Number of Senior Citizens

In 2015, the Philippines recorded 7.55 million senior citizens or persons aged 60 years and above. Most of the senior citizens in the country are residing in Region IV-A (CALABARZON), Region III (Central Luzon), and NCR.⁷ Further, these are the top three (3) regions with the highest number of COVID-19 cases.

Projection of COVID-19 Cases

Based on the laboratory confirmation date, confirmed cases will likely double every two (2) days as shown in Figure 7. The formula used in this scenario is based on raw figures and does not include other factors such as additional test kits, certification of other subnational laboratories, etc.



Figure 7. Trend of confirmed cases based on laboratory confirmation date

As of March 28, the following hospitals are granted certification and can now administer 80-160 tests per day⁸:

- Baguio General Hospital and Medical Center
- San Lazaro Hospital
- Vicente Sotto Memorial Medical Center
- Southern Philippines Medical Center



Projection of Reported Cases using Exponential Growth in the Philippines

Figure 8. Projection increase of COVID-19 cases if preventive measures aren't implemented

It is projected that cases of COVID-19 may increase up to 24,035 by end of March if preventive measures such as social distancing or community quarantine were not effectively implemented. The figure above used sustained exponential growth formula and does not factor in other preventive measures such as widespread testing, population data, and community quarantine.

Likewise, researchers recommend nonpharmaceutical measures like isolating ill persons, contract tracing, quarantining exposed persons, school and work closures and social distancing to keep the spread of the virus within the limits of our healthcare system capacity.⁹



Medical Updates

In Marseille, France, researchers are currently doing a study on the effect of treating COVID-19 patients with a combination of the malaria drug hydroxychloroquine (HCQ) plus the antibiotic azithromycin (AZM).¹⁰

Although the study is not ideally designed – there were fewer than 25 participants, and the study was not blinded (the healthcare providers and the participants both knew who was receiving the study drug and who was not, so placebo effect cannot be discounted), and the treatment was not randomized (instead of choosing treatment recipients at random from all locations, the researchers determined who received treatment based on which healthcare facility they were in) – it is understandably difficult to design an optimal study at such short notice.

So far, the researchers have found that by the sixth day of treatment, the percentage of patients still positive for SARS-CoV-2, the virus that causes COVID-19 infection, was >80% of those who received neither HCQ nor AZM, 40-50% for those who received HCQ only, and <1% for those who received HCQ+AZM.¹¹

Researchers caution, though, that the validity and reliability of this study has not yet been verified by experts. Even if it were, the study does not include data on optimal dosages.

The use of hydroxychloroquine carries the risk of irreversible retinal damage, resulting in blindness. Other adverse effects include cardiac-disorder-related deaths, worsening of psoriasis, muscle atrophy, suicidal behavior, and hypoglycemia.¹² Azithromycin is normally not recommended for patients who are elderly, debilitated, or require hospitalization. In some cases, patients receiving azithromycin have developed serious allergic reactions, some of which have led to death; liver injury; or cardiac disorder, among others. Improper use of azythromycin can lead to drug-resistance, in which case, the drug will no longer be effective for the patient the next time the patient needs it.¹³

At the Montreal Heart Institute, researchers are starting a clinical study on colchicine, a drug used to treat gout. The hypothesis of the researchers is that, since the complications of COVID-19 involve "an inflammatory storm", a powerful anti-inflammatory drug may help prevent COVID-19 deaths.¹⁴ No results have yet been published as the study has just been launched a few days ago. Ibuprofen, another anti-inflammatory, has received varying recommendations from the healthcare community, because the use of ibuprofen for managing the symptoms of infectious diseases has been previously shown to result in more severe complications of non–COVID-19 diseases.¹⁵ There is still no published

clinical data showing whether ibuprofen has any negative effects specific to its use as treatment for COVID-19–related symptoms.¹⁶

Colchicine should not be given to patients with kidney or liver impairments if thay are taking P-glycoprotein and CYP3A4 inhibitor drugs;

the result of doing so can be fatal. The ordinary use of colchicine can result in blood disorders. Other known adverse effects of colchicine include diarrhea, vomiting, muscle pain, and injury to cells in the kidnes, liver, blood vessels, and nervous system.¹⁷

What you should do and why



 Do not self-medicate. If a substance is powerful enough to kill a virus, it is also likely to cause side effects on the body. This is true regardless of whether the substance is made in a lab or harvested directly from nature. (Snake venom, for instance, is completely natural and also completely deadly.)



• Remember that elimination of the virus in the body is not the only goal; this viral elimination can come at the cost of injury to other organs. Reduce your risks by following your doctor's instructions.

HMO Coverage

As of March 30, 2020, HMO providers will cover symptoms and complications associated with COVID-19, while testing will be covered by PhilHealth.

HMO providers are operating with a skeletal workforce; hence, members may experience delay in contacting their HMO providers' call center hotlines.

1. Maxicare

All Maxicare Helpdesks are temporarily closed, while some primary care centers are open from Monday to Sunday, 7 AM to 7 PM.

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: <u>membergateway.maxicare.com.ph</u>

2. Intellicare

Aventus clinic Makati-Filomena, BGC and Cebu (Cybergate and TGU) branches continue to operate from Monday to Sunaday, 7 AM to 4 PM. 24/7 Call Center Hotline: (02) 7902-3400, (02) 8789-4000

3. PhilCare

COVID Care Helpline: (02) 8462-1810 Customer Service: (02) 8462-1800

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: <u>mic@etiqa.com.ph</u> (for Certification of Coverage)

5. Cocolife 24/7 Helpline

Landline: (02) 8812-9090, (02) 8396-9000 Mobile SMS: 0917-622-COCO Mobile Call: Globe: 0917-5360962 Smart: 0908-8947763 Sun: 0922-8928828

Hospital Network

As of March 30, 2020, these hospitals are already 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 Hospital
- 7. De Los Santos Medical Center

Meanwhile, the following hospitals are currently accommodating and handling COVID-19 cases¹⁸:

<u>NCR</u>

PRIVATE HOSPITAL	ADDRESS	CONTACT NO.
Fatima University Medical Center	20 MacArthur Highway,	(02) 8291-6538
	Valenzuela City	
Cardinal Santos Medical Center	10 Wilson, Greenhills West,	(02) 8727-0001
	San Juan City	
University of the East Ramon	64 Aurora Blvd.,	(02) 8715-0861
Magsaysay Memorial Medical Center	Quezon City	
Diliman Doctors Hospital	251 Commonwealth Ave.,	(02) 8883-6900
	Matandang Balara, Quezon City	
Manila Doctors Hospital	667 United Nations Ave,	(02) 8558-0888
	Ermita, Manila	
University of Santo Tomas Hospital	España Blvd.,	(02) 8731-3001
	Sampaloc, Manila	
Our Lady of Lourdes Hospital	46 P. Sanchez Street,	(02) 8716-8001 to 20
	Sta. Mesa, Manila	
Adventist Medical Center – Manila	1975 Donada cor. San Juan St.,	(02) 8525-9191
	Pasay City	
San Juan de Dios Education	Service Rd, 2772 Roxas Blvd.,	(02) 8831-9731 to 36,
Foundation, Inc. Hospital	Pasay City	02) 8831 5641
Veterans Memorial Medical Center	North Ave., Diliman,	(02) 8927-6426
	Quezon City	
Metropolitan Medical Center	1357 G. Masangkay St.	(02) 8863-2500,
	Sta. Cruz, Manila	(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,	(049) 303-0000
	Laguna	
Our Lady of Mt. Carmel Medical	Km.78 McArthur Highway Brgy.	(045) 435-2420
Center	Saguin, San Fernando, Pampanga	
Bataan St. Joseph Hospital and Med-	151 Don Manuel Banzon Avenue,	(047) 237-0226
ical Center	City of Balanga, Bataan	
Urdaneta Sacred Heart Hospital	15 MacArthur Highway, Urdaneta,	(075) 656-2296
	Pangasinan	
Ace Dumaguete Doctors, Inc.	Claytown Road, Dumaguete City,	(035) 523-5957
	Negros Oriental	
Daniel O. Mercado Medical Center	1 Pres. Laurel Highway, Tanauan	(043) 778-1810,
	City, Batangas	(043) 405-1000
De La Salle University Medical Center	Governor D. Mangubat Avenue,	(02) 8988-3100,
	City of Dasmariñas Cavite	(046) 481-8000
Dr. Pablo O Torre Memorial Hospital	BS Aquino Dr, Bacolod,	(034) 433-7331
	Negros Occidental,	
Clinica Antipolo Hospital	L. Suumulong Memorial Circle.,	(02) 8695-9486
and Wellness Center	Antipolo City	
Divine Grace Medical Center	Antero Soriano Highway, General Trias,	(046) 482-6888
	Cavite	
Nueva Ecija Doctors Hospital	AH 26, Cabanatuan City,	(044) 960-5500
	Nueva Ecija	

Perpetual Help Medical Center –	National Highway, Sto. Nino,	(049) 531-4475
Binan	Binan City, Laguna	
San Pedro Calungsod	Kalayaan Rd. Kawit, Cavite	(046) 484-3112
Medical Center		
The Medical City South Luzon	L. United Blvd., Santa Rosa City,	(049) 544-0120
	Laguna	
The Medical City Iloilo	Locsin St. Molo, Iloilo City	(033) 500-1000
Angono Medics Hospital	Rainbow Village 1, Quezon Ave.,	(032) 451-1996
	Brgy. San Isidro, Angono, Rizal	
Batangas Health Care Hospital	Gov. Antonio Rd., Batangas City	(043) 723-4144
Jesus of Nazareth		
Binakayan Hospsital and	179 Covelandia Rd. Balsahan-Bisita,	(046) 516-0500
Medical Center	Kawit, Cavite	
Binangonan Lakeview Hospital	193 Manila East Rd.,	(02) 8570-0791
	Binangonan, Rizal	
Cavite Medical Center	Manila-Cavite Rd., Dalahican,	(046) 431-9988
	Cavite City	

Please contact your HMO provider or log in to your Benefits Made Better

(<u>www.benefitsmadebetter.com</u>) account to know if these facilities are accredited by your HMO provider.

Government Guidelines and Instructions

PhilHealth coverage for COVID-19

To address the public's growing concern about the coronavirus outbreak, Philippine Health Insurance Corporation (PhilHealth) has released guidelines on the enhancement of its existing benefits package in response to COVID-19 (Circular No. 2020-0004, issued on February 10).¹⁹

Coverage

The enhanced benefits package applies to all level 2 and level 3 DOH-licensed hospitals.

Benefits

1. COVID-19 testing cost

2. Isolation package

The following are qualified to avail the isolation package:

- Patients under investigation (PUIs) for suspected coronavirus and admitted for quarantine
- Confirmed cases with mild symptoms
- PUIs who tested negative while confined in a hospital Benefit amount: Php 14,000

3. Referral package

There are level 1 hospitals that don't have the capacity to manage COVID-19 and handle quarantine procedures. If patients are referred to a higher-level hospital, the expenses in the initial hospital and transit to the referral hospital will be covered. Benefit amount: Php 4,000

4. Existing case rate packages

Confirmed cases diagnosed with adult respiratory distress syndrome, pneumonia, sepsis, and procedures such as hemodialysis may claim this package instead of the isolationpack-age. Cases must be based on clinical presentation and management during the quarantine. Benefit amount: varies per medical condition

How to file claims

To avail PhilHealth's benefits package for COVID-19, patients must submit these required documents:

- 1. Accomplished PhilHealth Claim Signature Form
- 2. Accomplished PhilHealth Claim Forms 1, 2, and 4
- 3. PhilHealth Membership Registration Form (PMRF) for non-members
- 4. Statement of Account (SOA)
- 5. Photocopy of confirmatory tests and results for COVID-19

DOLE's financial support to private establishments

The Department of Labor and Employment's (DOLE) COVID-19 Adjustment Measures Program (CAMP) offers financial support to private establishment workers.²⁰

Eligibility

Applicant must be a private establishment that has adopted flexible working arrangements (FWA) or temporary closure due to COVID-19.

Period and coverage

The CAMP will cover private establishment workers from January 2020 until the government lifts the enhanced community quarantine. The benefit amount is Php 5,000 in lump sum, non-conditional, regardless of employment status.

Exclusion

Government employees are excluded from the program.

Documentary requirements

Affected establishment must submit:

- 1. Establishment Report on COVID-19 pursuant to Labor Advisory No. 9, Series of 2020
- 2. Company payroll for the month of February or earlier

Documentary requirements

- 1. Email submission of complete requirements to appropriate DOLE regional office or any of its provincial/field offices
- 2. Evaluation by the DOLE regional office within three (3) working days upon receipt of requirements
- 3. Notice of Approval or Denial via email within three (3) working days, thereof

Financial support

DOLE will issue directly the financial support to the employee's payroll account through bank transfer. Employees on a cash-basis payroll will receive the financial support via money remit-tance. A Notice of Completion will be issued to the private establishment through email within three (3) working days.

Retroactive application

Private establishments affected by the COVID-19 pandemic prior to DOLE advisory's effective date (March 21, 2020), and after the onset of the pandemic (January 2020) are qualified to apply for CAMP.

Employment facilitation

The concerned DOLE regional office may refer interested beneficiaries to the nearest Public Employment Service Office (PESO) for full-cycle employment facilitation through job matching, referral, and placement services (local or overseas). Interested beneficiaries will also be provided with employment coaching and relevant labor market information.

NCR CAMP directory

FIELD OFFICE	EMAIL ADDRESS	CONTACT NO.
CAMANAVA field office (Caloocan, Malabon, Navotas, Valenzuela)	<u>camp.cfo@gmail.com</u>	0988-9633903
MUNTAPARLAS field office (Muntinlupa, Taguig, Paranaque, Las Pinas)	<u>camp.mtplfo@gmail.com</u>	0998-9633859
PAPAMAMARISAN field office (Pasig, Pateros, Marikina, San Juan)	<u>camp.pfo@gmail.com</u>	0947-9941433
Manila field office	<u>camp.mfo@gmail.com</u>	0998-9633971
Makati-Pasay field office	<u>camp.mpfo@gmail.com</u>	0995-3343174, 0928-3544238
Quezon City field office	<u>camp.qcfo@gmail.com</u>	0925-4875979, 0947-8813044

"Collect what is necessary. Disclose only to the proper authorities"

The National Privacy Commission (NPC) responds to the most common questions raised by government agencies, private companies, and the public, taking into consideration the state of public health emergency.²¹

On monitoring of persons entering offices or buildings

1. Can we collect the name, contact details, and travel history of all persons who will enter our building through a form as may be required by the DOH circular?

Yes. You may collect personal details but only limited to what is required by the DOH.

2. Will the mere filling out and signing of the form amount to the consent required by the Data Privacy Act of 2012 (DPA)?

The basis of data processing in this scenario is not consent. Its lawfulness rests on the mandate of the DOH, given the declaration of the state of public health emergency in response to the COVID-19 pandemic.

It is advisable, though, to provide a privacy notice informing the visitors of the purpose and basis of the collection of such personal data. Once collected, reasonable and appropriate safeguards must be implemented for the security of forms and personal data contained therein.

3. What are the specific data elements that we should collect from guests/visitors?

The specific data elements to be collected should be coordinated with the DOH, because these would depend on what the latter needs to facilitate contact tracing.

Further information is available at the DOH website.

On employees: collection of personal data

4. Can an employer ask its employees to submit declaration forms that provide personal data – for instance, whether they have traveled to or been in close contact with persons who have gone to regions affected by COVID-19, whether they are experiencing symptoms, etc.?

Yes, employers may collect such personal data. The NPC reminds all employers to collect what is only necessary and adhere to the general data privacy principles, uphold data subject rights, and ensure personal data is secured.

5. What are the specific data elements that an employer should collect?

The specific data elements to be collected should be coordinated with the DOH, because these would depend on what the latter needs to facilitate contact tracing.

6. Can the employer disclose the personal data collected from employees to third parties?

Disclosure of employee data should be limited to the DOH and other appropriate government agencies following all existing protocols on the matter.

7. Should we ask our employees to sign a consent form or waiver that their information will be shared with the DOH if needed or requested?

No. Consent form or waiver is not needed, because the basis for the disclosure is not consent. Instead, a privacy notice should be in place informing employees the purpose of collection.

On contact tracing: persons under investigation

8. Does an employer need to ask for the consent of an employee who is a person under investigation (PUI) for COVID-19, when disclosing his or her data to others with whom he or she had contact during the time of suspected infection?

Not applicable. Contact tracing should be done only upon the authority, guidance, and instruction of the DOH.

Kindly see the DOH Interim Guidelines on Contact Tracing.

9. If a PUI has been proven positive for COVID-19, can I freely disclose the identity to everyone within the company? The purpose is to inform those who may have had contact with the person so that they can be tested and monitored as well.

The company may make the necessary notices internally **without disclosing the identity of the person who is COVID-19 positive.** The proper authority that does contact tracing is the DOH. It follows that disclosure of the identity of the patient shall be limited to the DOH personnel only, following the PUM/PUI protocol.

Companies should only disclose such personal information as may be necessary to enable other employees to assess their health and potential exposure. Here, revealing the identity of the COVID-19 patient offers no benefit to the patient nor any advantage to other members of the company in assessing their exposure.

If someone in your company tests positive, protocols and guidelines for PUMs/PUIs would apply and, generally, would cover everyone.

10. Can our company issue a press release or statement relating to our employee, who is a confirmed case for COVID-19?

No. Announcements should come from the DOH or other appropriate government agencies. Only the government should make the official announcement regarding COVID-19 cases in the country. Anyone with relevant information should immediately relay it to the DOH for proper handling.

11. Can the DOH release names of PUIs who are purposely evading or escaping mandatory quarantine, as well as those who deliberately lied about their medical and travel history, to protect the public and apprise them of the possible threat of contamination?

The DOH needs to consider the following factors when assessing the disclosure of patient information to the public:

- The potential harm or distress to the patient arising from the disclosure
- The potential damage to trust in doctors and health institutions in general; and weigh it against:
 - a. The potential harm to the public if the information is not disclosed
 - b. The potential benefits to individuals and society arising from the release of information

Apart from the Data Privacy Act of 2012, there is another law relevant to this matter. Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, penalizes non-cooperation of persons identified as having a notifiable disease or affected by the health event of public concern.

The DOH makes the crucial call on what information is necessary for release to the public, taking into consideration the state of public health emergency and the overall strategy to contain the virus as directed by the Inter-Agency Task Force (IATF).

12. Can the DOH publicly disclose more detailed information about locations frequented by persons positive for COVID-19, to inform the public better and help prevent the transmission of the virus?

Yes. The DOH can provide information about frequented locations of persons positive for COVID-19 without giving details that would identify individuals.

Reminders from NPC

- Personal information controllers are advised to approach any uncertainty as to the collection and disclosure of personal data of PUIs, PUMs, and confirmed cases of COVID-19 in a reasonable manner.
- Refrain from sharing unverified reports and fake news to avoid undue stress and worry due to misinformation.
- The DOH is the primary authority handling the country's response to COVID-19.

Insurance Commission

Life insurance coverage for COVID-19

The Insurance Commission (IC) allows life insurance companies to provide additional benefits or free insurance coverage to clients or stakeholders by COVID-19, subject to the following guidelines and conditions²²:

- 1. A letter (duly signed by the company's president or authorized representative) advising the IC of the proposed initiative must be submitted subject to compliance with Section 7 of CL No. 2020-12, together with these supporting documents:
 - a. Mechanics of the initiative which describes in details the coverage period, customers entitled to the benefits, name of products covered, benefits to be provided to eligible customers, and other terms and conditions; and
 - b. A financial projection of the estimated cost to be incurred by the company, including basis of the projection, duly certified by an IC-accredited actuary, if applicable.
- 3. The initiative shall not be used to induce prospective clients or existing policyholder into purchasing a new product from the insurance company.
- 4. The insurance company must strictly observe the provisions of Section 370 of the amended Insurance Code.
- 5. The insurance company shall be required to recall the initiative if the IC finds a violation or non-compliance with the amended Insurance Code, pertinent circulars and guidelines, without prejudice to the authority of IC to impose applicable penalties and other sanctions provided in the Insurance Code.

Premium payment extend deadline

In response to the gravity of the COVID-19 situation, the IC urges insurance, preneed, and HMO companies to extend their grace period for unpaid premiums, contributions, installment amounts, and membership fees by at least another 31 days.²³

Billing period: March 15 to April 13, 2020 or up to a later date as deemed appropriate by the company.

Extension of coverage or hold cover

IC releases guidelines on insurance policies or HMO agreements that are about to expire during the effectivity of the enhanced community quarantine²⁴.

Applicability

The extension of coverage shall be applicable to:

- All insurance policies or HMO agreements that are about to expire; or
- All existing insurance policies, preneed plans, or HMO agreements with ongoing negotiations or applications for issuance or renewal thereof

Within or overtaken by the period covered by the enhanced community quarantine (March 17 to April 13, unless extended).

1. For insurance policies or HMO agreements about to expire during the enhanced community quarantine:

Insurance or HMO companies shall issue at least 30 days extension of coverage for existing policies or agreements, subject to the written/electronic request or consent of the insured, client or their authorized representatives.

2. For insurance policies, preneed plans, HMO agreements that are subject of new or renewal application, or negation prior to or during the enhanced community quarantine:

Insurance, preneed, or HMO companies may issue a hold cover or temporary cover for insurance for at least 30 days, subject to the written/electronic request or consent of the insured, client or their authorized representatives.

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