

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF NATIONAL DEFENSE OFFICE OF CIVIL DEFENSE REGIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL MIMAROPA



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MEMORANDUM NO. 119, S. 2021

FOR

All RTF and RDRRMC MIMAROPA Member Agencies

All MIMAROPA Local DRRM Councils and Local Task Groups

SUBJECT

Recommended Response Measures and Strategies for the COVID-19

DELTA Variant Based on the Special COVID-19 Key Message from

DOH

DATE

18 July 2021

- 1. **REFERENCE**: DOH Communications Management Unit Special COVID-19 Key Message regarding the DELTA Variant (including Annexes A-C) dated 16 July 2021.
- 2. Below are the highlights of the Key Message from DOH regarding the COVID-19 DELTA Variant and the recommended response measures and strategies for this variant:
 - a. Ensuring the implementation and strengthening of the 4-Door Strategies:
 - i. Continuation of Door 1 and 2 strategies.
 - ii. Door 3: LGUs should strengthen the implementation of the PDITR strategies to immediately detect and isolate possible COVID-19 cases.
 - Active case finding and immediate isolation and quarantine
 - Shorten detection to isolation from 6.73 days to 5 days
 - Intensify contact tracing
 - Implement granular lockdowns (barangay-wide lockdowns)
 - Re-intensify operationalization of Coordinated Response to Defeat Epidemics (CODE)
 - Strengthen referral/patient navigation systems
 - BHERTs on full alert
 - Door 4: Strong health and critical capacity and systems versus a surge to ensure proper and timely COVID-19 management and continuity of essential services.
 - b. Management of a possible surge should be focused on ensuring that the healthcare system is prepared regardless of community quarantine classification.
 - i. Ensure enough COVID-19, ICU, and TTMF bed capacity.
 - ii. Ensure HRH augmentation and continuous implementation of work arrangement for health care workers.
 - iii. Application of defined triggers or metrics that signal an automatic response of surge protocols.
 - c. Implementation of the accordion policy to prepare hospitals for a surge.
 - The accordion policy is a conversion and reconversion principle that determines if hospitals should convert regular hospital beds to ICU beds.

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- ii. The accordion policy would help manage cases and save lives by ensuring that there are enough beds for critical and severe cases.
- d. Management of COVID-19 surge response at the community and facility levels.
 - i. Community response is triggered if there is a surge in communities (province/region).
 - The response would be activated for all health facilities in the area.
 - CHDs/LGU would lead the response supported by the Central
 - ii. Facility response is triggered if there is a surge in the health facility.
 - The response would activate facility surged plans
 - The health facility would lead the response supported by the CHD and the Central Office
 - Stock up hospitals on medicines to be ready for a surge of severe COVID-19 cases
- e. Ensuring the country has an adequate supply of oxygen for COVID-19 patients.
- f. Utilization of additional vaccines to provide protection to the high-risk group and implement measures to make our healthcare system ready for a possible surge.
 - i. Speed up our vaccination, with utmost priority for senior citizens and persons with underlying conditions as they continue to be at risk of severe COVID-19 or hospitalization if they remain unvaccinated.
 - ii. J&J vaccines to be used solely on A2 to prevent hospitalization and deaths.
- g. Despite the presence of local cases of the DELTA Variant, we must continue working together to win the race against this variant.
 - i. Strengthen biosurveillance to detect DELTA Variant cases.
 - ii. Ensure non-complacency and strict adherence to the minimum public health standards while LGUs strengthen the implementation of the PDITR strategies to curb the transmission of COVID-19.
 - iii. Avail of the full vaccination (first and second doses) once available.
- 3. Refer to the attached Annexes (Annex A; Oxygen Tank Regular Consumption per Day; Annex B: July 16 Press Release on a Local Case of DELTA Variant; Annex C: Calls-to-Action) for additional supporting information regarding these guidance and directives from the DOH.
- 4. For your information, reference, and appropriate action. Anticipating your usual support and cooperation.

MGEN RUBEN L CARANDANG PAF (RET)

Regional Director, OCD MIMAROPA Chairperson, RDRRMC MIMAROPA

Chairperson, MIMAROPA RTF COVID-19

Enclosures:

As stated



Republic of the Philippines Department of Health

OFFICE OF THE SECRETARY

Communications Management Unit

KEY MESSAGES 16 July 2021

- The race against the Delta variant is still on. We have to ensure Doors 3 and 4 of the 4-door strategies are in place and further strengthened to win this race.
 - Door 3: LGUs should strengthen the implementation of the PDITR strategies to immediately detect and isolate possible COVID-19 cases.
 - active case finding and immediate isolation and quarantine
 - shorten detection to isolation from 6.73 days to 5 days
 - Intensify contact tracing
 - implement granular lockdowns (barangay-wide lockdowns)
 - re-intensify operationalization of Coordinated Response to Defeat Epidemics (CODE)
 - strengthen referral/patient navigation systems
 - BHERTs on full alert
 - Door 4: Strong health and critical capacity and systems versus a surge to ensure proper and timely COVID-19 management AND continuity of essential services
 - With or without the delta variant, these measures would help curb the spread of COVID-19.
 - Continued Door 1 and Door 2 strategies.
- Our strategy to manage a possible surge should be focused on ensuring that the healthcare system is prepared regardless of community quarantine classification.
 - o Our response should be focused on:
 - Ensuring enough COVID-19, ICU, and TTMF bed capacity
 - Ensuring HRH augmentation and continuous implementation of work arrangement for health care workers
 - Defined triggers or metrics that signal an automatic response of surge protocols
 - Implement the accordion policy to prepare hospitals for a surge.
 - The accordion policy is a conversion and reconversion principle that determines if hospitals should convert regular hospital beds to ICU beds.
 - The accordion policy would help manage cases and save lives by ensuring that there are enough beds for critical and severe cases.
 - We need a COVID-19 surge response at two levels: Community and Facility response.
 - Community response is triggered if there is a surge in communities (province/region)
 - The response would be activated for all health facilities in the area.
 - CHDs/LGU would lead the response supported by the Central Office.
 - Facility response is triggered if there is a surge in the health facility
 - The response would activate facility surged plans
 - The health facility would lead the response supported by the CHD and

the Central Office.

- Stock up hospitals on medicines to be ready for a surge of severe COVID-19 cases.
- Ensure the country has an adequate supply of oxygen for COVID-19 patients.
 - The country currently uses around 74,400 cylinder tanks per day (Annex A).
 - In case of a surge, the country is estimated to double its oxygen tank consumption.
 - Meanwhile, estimates from DTI data show that the total daily production of the country is at 77,248 cylinder tanks.
 - Hence, the country would need an additional 71,712 cylinders per day which the government has to prepare for by ensuring enough funds and production capacity.
- With the additional vaccines we are getting, we have to use these doses to provide protection to the high-risk group and implement measures to make our healthcare system ready for a possible surge.
 - Speed up our vaccination, with utmost priority for senior citizens and persons with underlying conditions.
 - It is important that we continue to cover as many senior citizens and those with underlying conditions because if they remain unvaccinated, they continue to be at risk of severe COVID-19 or hospitalization.
 - J&J vaccines to be used solely on A2 to prevent hospitalization and deaths.
 - If this would be the case for the majority of senior citizens and those with comorbidities, we will still experience what we have experienced in past surges - full emergency rooms, unavailable intensive care units, and congested hospital beds.
- There are local cases of the Delta variant but if we work together, we can still win this race (Annex B).
 - We were able to detect these Delta variant cases due to our strengthened biosurveillance.
 - Everyone should not be complacent and adhere to the minimum public health standards while LGUs strengthen the implementation of the PDITR strategies.
 These measures have been proven to keep our case numbers down.
 - Get vaccinated when given the chance and make sure to complete the second dose as scheduled.
 - Strict adherence to MPHS is still the best way to curb the transmission of COVID-19. (See Annex C)

ANNEX A (Oxygen Rank Regular Consumption per Day)

Oxygen Tank Regular Consumption per day

Consumption:	DOH HOSPITALS			LGU HOSPITALS			PRIVATE HOSPITALS		
	Level 3	Level 2	Level 1	Level 3	Level 2	Level 1	Level 3	Level 2	Level 1
	15,800	1,000	2,200	3,000	3,800	(N/A)	18,900	29,700	(N/A)
	19,000 Cylinder Tanks per day			6,800 Cylinder Tanks per day			48,600 Cylinder Tanks per day		
	127 Tons per day			52 Tons per day			365 Tons Per day		
Total Consumption needs:	74,400 Cylinder Tanks (114,050**) per day 560 Tons of Cylinder Tanks (858**) per day								
Total Production per day in PH (Based on	127.64 Tons Unutilized Capacity			453.17 Tons Utilized Capacity					
DTI data)	580.81 Tons per day or 77,248 Cylinder Tanks***								
Current Supply Gaps	-20.81 Tons per day or -2768 Cylinder Tanks per day (Excess Supply)								
Surge Gaps (Consumption X 2)	539.19 Tons per day or 71,712 Cylinders per day								



114,900(LGU) 24.750°(Private Hosp) Not Applicable for Level 1 Hospitals who do not accommode Moderate to Severe COVID 19 Potlents

** If there will be additional consumption including the Private and LGU Level 1 Hospita *** 1 Ton of Cylinder Tanks:: 133 Cylinder Tanks (source: DTI) T)

Source: Oxygen Supplies Deck

ANNEX B July 16 Press Release on Local Case of Delta Variant

DOH, UP-PGC, AND UP-NIH DETECT MORE COVID-19 DELTA VARIANT CASES Press Release | 16 July 2021

The Department of Health (DOH), the University of the Philippines - Philippine Genome Center (UP-PGC), and the University of the Philippines - National Institutes of Health (UP-NIH) report the detection of sixteen (16) new Delta (B.1.617.2) variant cases, including the first local cases, based on the latest whole genome sequencing report.

Five of the sixteen cases are Returning Overseas Filipinos (ROFs). One case arrived in the Philippines from the United Kingdom on 26 April 2021 and has been tagged as recovered after undergoing the 14-day quarantine period. Another two of these cases arrived in the Philippines from Qatar on 15 June 2021 and have also been tagged as recovered. The DOH is still verifying the arrival and quarantine status of the two other ROF cases.

Eleven cases are classified as local cases. Six cases have been detected in Region 10 and are part of a large cluster of cases, with dates of onset between 23 to 28 June. All have been tagged as recovered.

Two cases have also been detected in the National Capital Region. One case was tagged as dead after being rushed to the emergency room of a hospital on 28 June. The other case is an outpatient with an onset date of 23 June, who was tagged as recovered. One other case, an outpatient with an onset date of 27 June and was also tagged as recovered, was initially tested in the National Capital Region but has an indicative address in Region 3. All these cases have no known connection to each other.

The last two local cases were detected in Region 6, both with an onset date of 27 May. Both have also been tagged as recovered.

The DOH is in close coordination with the Centers for Health Development and Local Government Units to ensure that all cases have been or are appropriately traced and managed. The Bureau of Quarantine and the Department of Transportation are on high alert to implement strict border control measures.

The DOH underscores that with our 4-door strategy, we have delayed the entry of the Delta variant with the activation of Doors 1 and 2. Now that the country has detected local cases of the Delta variant, Doors 3 and 4 are being activated. Door 3 would involve strengthening the implementation of the PDITR strategies while Door 4 is ensuring that our healthcare capacity is ready for a possible surge.

The DOH also reminded the public that the spread of COVID-19 globally, while being controlled by vaccination, is still being driven by the emergence of variants of concern, increased social mobility, and inappropriate use of public health measures. Even while we are vaccinating the Filipino people, minimum public health measures such as physical distancing and masking should not be neglected.

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ANNEX C (Calls-To-Action)

TO REDUCE TRANSMISSION RATE:

- Tayo ay mag-suot ng tamang mask. Magsuot din ng mask sa bahay kung may kasama tayong matanda o yung mga may sakit.
- Dagdag na proteksyon din ang bakuna, take it when it's your turn. Para sa mga HCW, senior citizens, at may comorbidities: magpalista at magpaturok ng bakuna. Makipag-ugnayan sa inyong LGU tungkol sa proseso ng pagpapalista. Sa panahon na ikaw ay tatanggap na nang bakuna o nasa vaccination site, isagawa ang B.I.D.A solusyon.

• TO REDUCE CONTACT RATE:

- o Manatili na lamang tayo sa mga tahanan kung hindi kinakailangang lumabas.
- o Huwag na munang tumanggap ng bisita.
- Siguraduhin nating maayos at sapat ang daloy ng hangin sa ating mga tahanan.
- Gamitin ang mga telemedicine services ng ating mga LGU at ng mga DOH
 Telemedicine partners para sa mga non-critical health consultations.

TO SHORTEN DURATION OF INFECTIOUSNESS:

- Alamin ang hotlines ng inyong LGU na maaari ninyong tawagan kung sakaling kayo ay mangangailangan ng tulong medikal.
- Agad na makipag-ugnayan agad sa ating mga Barangay Health Emergency Response Teams (BHERTs) kung mayroon tayong nararamdamang sintomas ng COVID-19.
- Manatili sa mga quarantine and isolatiotransn facilities kung mild ang karamdaman upang hindi mapuno ang mga ospital na mas nakatuon para tumugon sa mga pangangailangan ng mga severe at critical na kaso.
- o Maging tapat sa impormasyong ibinibigay natin sa contact tracing upang masiguro na lahat ng maaaring nakasalamuha natin ay agad na matulungan at mapigilan ang iba pang pagkakahawahawaan.