

PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE
News and Information Bureau

CABINET REPORT – THE NEW NORMAL
HOSTED BY PCOO SECRETARY MARTIN ANDANAR
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SEC. ANDANAR: Pilipinas nakikita na, natatanaw na... sa pagdating ng mga bakuna at sa pagsimula ng mga pagturok, nababatid na ang simula ng katapusan – the beginning of the end of the pandemic. Kaya ngayong gabi, tatalakayin natin ang ilang aspeto sa kampanya ng pagbabakuna na mahalaga sa atin.

Kakamustahin natin ang karanasan ng Indonesia sa vaccination gamit ang Sinovac Coronavac na siyang unang bakunang dumating dito sa atin. Aalamin din natin kung ano ba talaga itong ‘herd immunity’ na isang layunin natin sa programang pagbabakuna at pag-uusapan din natin ang mga pagsulong ng programang pagpapaturok sa buong kapuluan.

Pagbabakuna – the beginning of the end of the pandemic – ang tampok ngayong gabi. Ito po ang inyong Communications Secretary Martin Andanar, welcome to the Cabinet Report.

PGH SPOX DR. JONAS DEL ROSARIO: Mga 1,400 vaccinees na ang nakatanggap ng bakuna ‘no, most of them wala talagang naramdaman ang sabi nila. Iyong iba naman as expected ay medyo masakit ang kanilang braso kung saan sila tinuruan at iyong iba medyo nangangalay daw ang balikat ‘no.

May mga ilan na medyo tumaas ang blood pressure, hindi mo alam kung dahil sa kaba lang o medyo anxious. Sabi nila medyo bago pa nga raw naturukan, noong tsinek iyong BP nila ay medyo mataas na so I think it’s partly anxiety. Mayroong nagkaroon ng konting sakit ng ulo pero nawala noong uminom ng paracetamol, may mga ilan na parang medyo bumigat nang konti iyong pakiramdam ‘no.

Mayroon kaming dalawa na nagkaroon ng what we call iyong anaphylaxis ‘no. Iyong isa ang kaniyang experience ay nahirapan siyang huminga ‘no tapos medyo parang—noong tiningnan namin ay bumababa iyong oxygen level niya so binigyan kaagad iyon, na-recognize kaagad iyon at binigyan ng epinephrine which is iyon naman ang gamot sa anaphylaxis at mayroon ding sinaksak pang pang-anti-allergy. So mabilis naman na naka-recover ‘no at ang ginawa namin just to be sure eh nilagay namin siya muna, in-admit namin siya sa ospital, minonitor 24 hours, wala na namang nangyari, okay na siya ‘no, nakauwi na rin.

Pangalawa naman ay ganoon din, off note itong dalawang taong ito ay mga high risk namin na mga empleyado na ibig sabihin noong tinanong namin sila, talagang mataas ang kanilang history ng allergy. So iyon lang pong dalawa, such 2 out of 1,400 plus na vaccinees na nagkaroon noong anaphylaxis at iyong iba ay very minor na lang.

Kung ikaw ay low risk, talagang wala kang sakit tapos wala kang history ng allergy, 15 minutes. Bale pagkabakuna pupunta ka doon sa monitoring area, uupo ka doon 15 minutes titingnan ka.

‘Pag sinabing titingnan eh minu-monitor. ‘Pag may naramdaman iyong tao, biglang tatawagan niya kami, mga doktor doon ang nagmu-monitor. Iyong iba naman po ‘pag moderate risk, 30 minutes at kung iyong high risk isang oras.

Kahit papaano branding is important dahil siyempre it takes a while for a person to be confident on a certain product so kasama na rin iyong vaccine doon ‘no. Bago ito, we have to admit na siya ay gawa sa China, kinu-compare iyong made in the US ‘no. So ngayon over time, we eventually settle down, we had a town hall meeting explaining the pros and cons of this vaccine. People, the experts were able to tell us na you know, itong inactivated vaccine na ‘to has actually so many advantages ‘no.

And then of course iyong mga doktor at iba pa nagbasa rin ‘no. So slowly the 8% crept up to like 12%, 18% and at the end of our vaccination this week, it has already increased to 25% ‘no. So siguro may element lang na nagulat at hindi kilala. Still, siyempre majority still like another brand but 25% is a big jump from 8% ‘no. And sabi nga nila, the best vaccine that you have is the vaccine that you have in your arm. So even if we want some of the other vaccines but they are not available, wala rin eh, useless din ‘no.

And the problem is the cases are increasing again, we have variants coming in and really the rule is you have to get yourself vaccinated as soon as possible. It’s like a race, parang nakikipaglaban ka rin sa oras eh kasi kung ikaw ay susceptible na magka-COVID, puwede mong ikalat ‘yan ‘no.

So kung mas maraming mabakunahan eh makakatulong pa ‘no and Sinovac or Coronavac actually is a relatively good vaccine dahil it has advantages inactivated virus, you get immune to the whole virus. So ano ‘yan, natanggap ng community ‘yan. You probably saw in the news how other hospitals embraced it. Some of the private—big private hospitals actually asked for it ‘no.

SEC. ANDANAR: Welcome back to the Cabinet Report. Bago tayo magpatuloy, pakinggan muna natin ang ulat na ito tungkol sa usapin ng pagbabakuna.

[VTR]

SEC. ANDANAR: Ang unang dumating bakuna sa bansa ay ang Coronavac na gawa ng Sinovac, sinalubong ito ng pagdududa ng ilang kababayan natin. Ito’y sa kabila ng paggamit na nito sa pagbabakuna sa ibang bansa kasama na dito ang Indonesia, ang ating kapit-bahay sa ASEAN at sa BIMP-EAGA. Sa katunayan ang Pangulo mismo ng Indonesia, si President Joko Widodo ay binakunahan ng Coronavac. Kinausap natin si Philippine Ambassador to Indonesia Lee Hiong Wee upang kumustahin ang karanasan ng Indonesia sa Coronavac.

AMB. LEE HIONG WEE: Indonesia rin, there were a lot of initial rollout mistrust. In the past year ‘no, I remember iyong Sinovac was having... they’re testing drug in Indonesia and the Indonesian government was very cooperative to test probably millions and millions of ano and then finally eh okay pala iyan sa tao. So now on stock with Indonesia ngayon, my record shows that we have about... on stock, on hand, they have about 28 million dosage of Coronavac.

They started vaccinating the public January, so February, March na ngayon. Eh so far wala namang adverse effect ‘no because people have tested that before the vaccination begun ‘no. So medyo accepted na naman iyon.

Ang Indonesia ngayon has a law of mandatory vaccination. Mandatory vaccination is now being enforced to Indonesian, to citizens. Those who refuse to do it, may penalty iyan, 5 million rupiah or approximately P20,000. So this is really the... ano ng the government to have a forced vaccination ‘no.

So there is a penalty for you not to get vaccinated. Pero ang kagandahan naman niyan is that may isang shared responsibility ng government together with the private sector ‘no. Eh the private sectors now are now allowed to participate in this vaccination program. That means iyong mga employees nila, they should import that and give it to their employees at no cost. And even sa Indonesia eh the government vaccinate the Indonesian people free of charge, at no cost to them. Iyong sinasabi ninyo, Sec., na this the end of the pandemic, mukhang there’s a light at the end of the tunnel ha with this kind of a program.

SEC. ANDANAR: Iyon po ang ating Ambassador to Indonesia Lee Hiong Wee. Sa pagbabalik ng Cabinet Report, makakausap natin ang Epidemiologist na si Dr. John Wong. Tutok lang dito sa The Cabinet Report.

[AD]

SEC. ANDANAR: Welcome back to The Cabinet Report. Kasama natin ngayong gabi si Dr. John Wong, siya po ay isang Epidemiologist, Founder and Senior Technical Adviser ng health focus research firm na EpiMetrics; Faculty Member ng Ateneo de Manila University School of Science and Engineering at ngayon member na rin ng IATF Technical Working Group na nakatutok sa mga bagong variant ng COVID. Good evening, Dr. Wong. Welcome to The Cabinet Report.

DR. WONG: Good evening, sir.

SEC. ANDANAR: Dr. Wong, you recently gave a webinar for communicators to help our industry better inform the public, salamat po sa initiative na ito. Sa webinar na ito, napag-usapan ang herd immunity na siyang isang hangarin ng ating programang pagbabakuna. Paki-explain po kung ano itong herd immunity at kung ano ang papel nito sa pagwakas ng pandemya.

DR. WONG: Define ko muna iyong immunity ‘no. So immunity means this is how the body protects itself against infection ‘no, viruses, bacteria. So ano naman iyong herd immunity ‘no. So herd immunity was discovered around the 1920’s sa UK when they found out na—in a dormitory of boys ‘no when about 10% of the boys developed diphtheria, the rest of the boys still not developed the infection anymore ‘no. So that is enough to protect the whole of dormitory ‘no. So—then doctors, scientists have been seeing this phenomenon in other diseases also na when enough of the people, of the population has the infection, the others are protected ‘no. They don’t get the infection anymore.

What is the role of vaccination in ending the pandemic? Siguro ano, we have to define first ano, what does ending the pandemic mean 'no. Does it mean fewer cases or does it mean fewer hospitalizations or deaths? For example, noong 1980 na flu pandemic 'no, after 3 years the pandemic was declared to be over. Pero even after that time, there were still a couple of deaths 'no every year since then. But people felt safe enough 'no to resume their normal lives.

So I think 'no, for COVID 'no, reducing hospitalizations and deaths 'no is more realistic 'no, it's more practical and we shouldn't expect na we have zero cases 'no before we declared the pandemic as it is over. So kung ganoon na fewer hospitalizations and fewer deaths is considered the end of the pandemic and it's enough to make people affordable to return to their normal lives 'no, then vaccines have a big role to play 'no. Kasi most vaccines are almost 100% effective 'no in preventing severe cases and preventing deaths 'no. So once we achieve herd immunity with the vaccines 'no, hospitalizations and deaths will go down and people can feel safe enough 'no to return to their normal lives 'no.

SEC. ANDANAR: Doc, sinadya kong hingin muna ang inyong pagpapaliwanag sa konsepto ng herd immunity. Ngayon, hihilingin ko naman ang inyong pananaw sa herd immunity sa konteksto natin. Sa tingin ninyo, papaano po natin makakamit ang herd immunity in the Philippine context?

DR. WONG: We can compare herd immunity to something like riding a jeep 'no. So when the jeep is full and 1 person for example does not pay, he's still able to get to his destination because the other passengers pay 'no. So, because other passengers are paying, then the jeep can get to its destination, so herd immunity is like that 'no. Of course, ideally, you want to vaccinate hundred percent, but even if you vaccinate 60 or 70 percent 'no, you're able to protect the entire population. Flu is probably the most similar to COVID, so similar to respiratory infection, it's also transmitted by droplet and aerosols 'no, and there's also vaccine for it. And the vaccine for flu is given annually kasi every year, variants also emerge for flu, so it changes every year so the vaccine also changes every year.

If you look at the TB which has been in the country for decades if not centuries, we have about 1,600 cases of TB a day and 74 deaths due to TB a day. People go about their daily lives 'no, they are not hiding in their houses because we have these many cases and deaths 'no, it's because people have felt safe enough to go out even with this TB epidemic going on. So I think the same is going to be happening with the COVID pandemic 'no. Then we count down to fewer cases of hospitalizations and deaths, people would be comfortable after vaccination, they would be able to resume their normal lives 'no. So that is when the pandemic ends.

Some of the practices that we've been doing, with or without COVID, it's actually a good idea to retain. So hand hygiene, it also prevents other diseases. And then many countries have seen that because of masking due to COVID, a lot of respiratory diseases or infections also went down. So pneumonia, influenza have also decreased because of wearing mask. And in a lot of countries like Taiwan or Japan, even before the pandemic, they always have the culture of wearing mask. So it is also a good practice to continue.

Testing will probably happen to a lesser degree as the cases fall and then maybe because of the variants, we might need to have annual vaccinations if the vaccines become less effective. So it's going to be an endemic disease that we can control, but probably not a disease that we can eradicate or eliminate.

SEC. ANDANAR: Given na mayroon pong pandaigdigang demand para sa mga bakuna at ang ating ginagamit sa pagpapaturuk ay iyong mga mauunang dumating, ano po ang inyong maipapayo sa ating mga kababayan tungkol sa pagpapabakuna?

DR. JOHN WONG: Well, globally 'no, we're facing a shortage of vaccine doses. Seventy-five percent of the vaccination that had been administered are in just a couple of developed countries. So in the face of shortage like we have in the Philippines, we should get any vaccine that's effective. So once the vaccine is proven to be effective because it has been, for example, given an EUA by the FDA, so any vaccine is effective which is a good vaccine for us.

So I always tell people if they ask me na what is the best vaccine, my answer is always: The best vaccine is the vaccine that's available to you. So get the vaccine that is available to you. The other way to address iyong shortage of vaccine is vaccinate the most vulnerable first, kasi most COVID infections are mild eh especially among the young and people without pre-existing illnesses 'no, most of them, 98% will recover. So we have to protect the most vulnerable, these are health workers kasi mataas ang exposure nila to infection; these are the seniors 'no, 60 and above; and these are people with pre-existing illnesses or comorbidities. So they should go first because we have a shortage in vaccine.

It's good that we have a lot of choices for vaccines. Some are more effective, some are less effective, some needs ultra-cold temperature and some, do not. So we can choose the vaccine depending on the situation. So for example, in areas, the DOH-classified GIDA areas, (Geographically Isolated and Depressed Areas), in those areas where freezers are not available but refrigerators are [available], there quite a few vaccines 'no which only require refrigeration – so Sinovac, AstraZeneca, Johnson & Johnson. In other places where transportation is difficult, so even within the barangay or within the town, if it is difficult to get to the health center, then we can use a vaccine that only requires one dose so that the patients don't have to come back – so this is the Johnson & Johnson vaccine.

Vaccines have started to arrive but is still very much in short supply and we are following a prioritization 'no based on risks. So if you are high-risk, you will get the vaccine as soon as possible. Don't try to wait for the most effective vaccine, the best vaccine is the one that you can get. If you are low-risk, wait for your turn; let other people who are at high-risk or in greater danger go first. That's how we are naman as a culture 'no, we protect the most vulnerable first.

SEC. ANDANAR: Dr. John, tila angkop na ang salitang viral na nanggaling sa usaping pang-epidemya at pandemya bago pumasok sa bokabularyo ng social media ay magagamit din natin panlaban sa paglaganap ng coronavirus.

DR. JOHN WONG: The virus can spread through social networks kasi the most frequent contacts is with your family and friends. So if you are infected, the people most likely to be

infected by you are also your family members. But vaccine confidence or immunity can also be spread through social networks. So, they would say that vaccine confidence is not an information-deficit problem; it's a relationship or a trust-deficit problem. So it's because people don't trust the source of information and so they don't trust the vaccines 'no. But if you trust the vaccines and you talk to your friends about it to help improve their confidence, then you can also spread vaccine confidence in spreading it.

SEC. ANDANAR: Maraming salamat po, Dr. John Wong.

Susunod, tatalakayin natin ang programang pagbabakuna. Kailan ito darating sa iba't ibang bahagi ng ating kapuluan. Ito ang ating aalaman sa pagpapatuloy ng Cabinet Report.

[COMMERCIAL BREAK]

SEC. ANDANAR: Nakatutok pa rin kayo sa Cabinet Report. Makakausap naman natin ngayon mula sa National Vaccination Operation Center ng Vaccine Cluster ng National Task Force Against COVID-19, si Usec. Myrna Cabotaje. Si Usec. Myrna ang naitalagang chair ng National Vaccination Operations Center katulong ng iba pang mga sangay ng gobyerno sa operasyon ng paghahatid ng ating mga bakuna sa iba't ibang bahagi ng ating kapuluan.

Magandang gabi po, Usec. Myrna.

USEC. CABOTAJE: Magandang gabi din, Sec. at sa lahat ng nakikinig sa inyong programa.

SEC. ANDANAR: Ito na nga po ang simula ng programang pagbabakuna kontra-COVID. Marahil ang tanong ng maraming mga kababayan natin, 'Oo, alam naming na para muna sa mga frontliners ang unang mga batch ng bakuna na nandito. Pero kailan naman darating ang mga bakuna para sa mga frontliners sa probinsiya namin? Papaano naman po iyong mga malalayong lugar, lalung-lalo na iyong mga geographically isolated and disadvantaged areas ng ating bansa kung saan nakatira ang ilan nating mga kababayan, kasama na diyan ang ilan nating kapuwa Pilipinong indigenous peoples?

USEC. CABOTAJE: Pag-deliver po natin iyan ay sa pamamagitan ng ating mga regional offices, iyong tinatawag nating Centers for Health Development. Iyan po ay idi-deliver nila sa mga probinsiya, sa mga local government units. Tapos ito pong ating mga lokal na pamahalaan, sila na po ang magdi-deliver sa mga areas na malalayo. Sinisigurado lang natin na iyong ating tinatawag na cold-chain ay ma-maintain.

So ang ibibigay po na mga bakuna sa malalayong lugar ay iyong mga plus two to plus eight. Kagaya po ng ating mga regular na vaccine, ilalagay po sa appropriate container tapos pagdating po sa mga malalayong lugar na iyon, ibibigay kaagad. So they will schedule the vaccination on the day of the arrival of the vaccine.

SEC. ANDANAR: Base na rin po sa update ng ating mga nakakapanayam na local officials tuwing umaga sa Network Briefing News, ang ilan sa ating mga LGU nationwide ay nagda-dry-

run na nga at sila raw ay handa na para sa pagbabakuna. Ano po ang assessment ng DOH sa kahandaan natin on the ground?

USEC. CABOTAJE: Very happy to learn that marami na po ang nag-dry-run. Hinikayat po ng ating DOH at saka ng ating NTF, mismo pong sina Secretary Duque, Secretary Galvez and even Secretary Vince Dizon ay nag-ikut-ikot sa mga iba't ibang lokal na pamahalaan para ma-encourage itong mga local government units to simulate, to practice, may tabletop exercise po. Pagkatapos ng tabletop exercises, iyong actual simulation. Ang byword natin ay practice, practice, practice kasi first time ito na gagawin natin sa massive scale. We are still in the time of pandemic, kailangan po iyong mga minimum public health standards, iyong reporting tapos iyong set-up. Kasi nga ang isang bago dito sa set-up, hindi po pauwiin kaagad pagkatapos nang mabakunahan. Mayroon pong set-up sila kung saan oobserbahan itong mga pasyente for 15 minutes to 30 minutes bago sila pauwiin para makita kung may mga reaksiyon na maitatala.

SEC. ANDANAR: Nabanggit ninyo na lang din po, Usec., ang paghahanda kung sakaling may adverse reaction sa bakuna, may mga napabalita na bang masamang reaksiyon mula sa mga nauna nang naturukan?

USEC. CABOTAJE: May mga nai-report po na mga ini-expect na reaksiyon. Kapag ikaw ay naturukan ng bakuna or ikaw ay nainiksiyunan, iyong tinatawag nating intramuscular, may konting redness, pamamaga at konting sakit. Tapos may mga naramdaman naman silang mga headache. Pero iyong serious adverse event, as of now, wala po tayong natatanggap na report. But we continue to monitor, if there are any adverse event.

Ang kailangan nating i-assure sa ating mga kababayan, kapag may naramdaman po kayo on the site of the injection or may naramdaman kayo sa administration site, kaagad pong magri-respond. Tapos kahit nasa bahay na po kayo, puwede kayong tumawag sa mga ibibigay na number sa inyo pag-alis ninyo sa vaccination site para kayo ay mai-refer at matulungan kaagad.

SEC. ANDANAR: Isang kakailanganin sa pagbabakuna ay ang mga health workers. Do we have enough of them on the ground, nationwide, for this vaccination campaign?

USEC. CABOTAJE: Kasi alam naman natin na ang vaccine ay hindi dadating nang sabay-sabay. So as of now, we will have enough to vaccinate them. But kapag third quarter na at maiddeliver iyong maraming vaccine, may we need to tap the other health workers from the private sector. We might even need to mobilize iyong ating mga hindi regular na vaccinators. We are looking at our pharmacists, our med-techs, even our dentists 'no, inaayos na ng DOH iyan para they can also help us administer.

Kung sakaling sabay-sabay nang marami -ang vaccine, we need to deliver them immediately. So we need to scale-up our work forces and we need to train all of them starting now. Tuwang-tuwa tayo kasi ang sabi nila noong nag-present tayo, the plan is excellent but the execution should be also excellent. So kailangan practice, practice, practice. Mataas iyong ating energy kasi we are all happy that the vaccine is here but we must deliver on our promise and to give our fellowmen the hope and the service that they need.

SEC. ANDANAR: May mensahe po ba kayo sa ating mga kababayan, Usec?

USEC. CABOTAJE: I'd like to quote what the President said 'no, "We are not safe until everyone is safe." So we need to vaccinate all the eligible population, and be rest assured walang maiiwan. Again, quoting from the President, "Walang maiiwan, walang iiwanan." So be arrest assured that the government in a whole of nation, all of society approach, will continue to deliver the vaccines in conjunction with the other responses that are appropriate for the COVID-19. Hindi lang po bakuna, kailangan po tuluy-tuloy iyong ating minimum public health standards at saka iyong iba pang ating mga ginagawa para malabanan natin itong ating COVID-19 pandemic.

SEC. ANDANAR: Maraming salamat po sa inyong panahon, DOH Undersecretary Myrna Cabotaje, Chair ng National Vaccination Operation Center.

Pilipinas, kagaya nang nasabi ko kanina, sa pagdating ng mga bakuna, matatanaw na ang katapusan sa krisis na dala ng COVID. Hinahatid na ang mga bakuna sa mga frontlines sa buong kapuluan. Sa mga hindi pa matuturuan agad, habang naghihintay, ang ating partisipasyon ay kasing-halaga. Patuloy nating sundan ang mga health protocols at suportahan natin ang pamahalaan sa pagkumbinsi sa mga kababayan nating may agam-agam pa sa benepisyo ng pagbabakuna.

Kagaya nang sinabi ni Dr. John Wong kanina, malaking bahagi ng kampaniya ng pagpapabakuna ay nakabatay sa kumpiyansa sa bakuna. Tulungan po natin ang pamahalaan hikayatin ang ating kapuwa na magpaturok din – makikinig sila sa inyo. At sana ang mensahe natin na 'magpabakuna na' ang kumalat, mag-trending at mag-viral at hindi na ang coronavirus.

Tandaan din natin ang isa pang sinabi niya kanina, the best vaccine is the one you have access to. Pilipinas, magpaturok na sana ang maaaring magpaturok. At sa mga hindi pa, panatilihin natin ang health protocols at magdasal – ito po ang partisipasyon natin. Malapit na po, kaya magtulungan tayo nang matapos na itong pagpapahirap na dala ng pandemya.

Ito po si Communications Secretary Martin Andanar para sa The Cabinet Report. Mabuhay ang Pilipinas! Mabuhay ang Pilipino!

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