

**PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE**  
**News and Information Bureau**

**PUBLIC BRIEFING #LagingHandaPH**  
**HOSTED BY PCOO UNDERSECRETARY ROCKY IGNACIO**  
**JANUARY 12, 2022 (11:00 A.M. – 11:56 A.M.)**

**USEC. IGNACIO:** Magandang umaga Luzon, Visayas at Mindanao. Magandang umaga rin po sa lahat ng mga Pilipino saan mang panig ng mundo.

Sa gitna po nang patuloy na banta ng Omicron variant, binabantayan rin ng buong mundo ang iba pang bagong variants na sinasabing mas nakakahawa at posibleng mas delikado kaysa Omicron. Alamin din natin ang patuloy na ginagawa ng pamahalaan para labanan at paghandaan po 'yan.

Ako po si Usec. Rocky Ignacio, simulan na natin ang Public Briefing #LagingHandaPH!

Umabot na sa mahigit 90 million na bakuna kontra COVID-19 ang available sa bansa sa kasalukuyan kaya naman patuloy ang paghikayat ni Senator Christopher 'Bong' Go na tayo ay magpabakuna at magpa-booster shot. Narito ang detalye:

[VTR]

**USEC. IGNACIO:** Binigyang-diin ng Malacañang na may magagawa ang taumbayan para mapigilan ang mabilis na hawahan ng COVID-19 at ito ay ang pagbabakuna. Ayon kay Acting Presidential Spokesperson Karlo Nograles, kahit may banta ng Omicron variant, nananatili pa ring epektibong panlaban dito ang COVID-19 vaccines. At kahit marami mang tinatamaan ng sakit ngayon, lumalabas sa mga datos na malaking porsiyento rito ay mild o asymptomatic cases lamang na bunsod nang malawakang pagbabakuna sa bansa. Sa ngayon higit 114 million doses ng COVID-19 vaccines na ang kabuuang bilang na naiturok sa bansa kasama na ang booster shots.

Bukod po sa Omicron variant, binabantayan rin ang tinaguriang IHU variant na mismong si Pangulong Duterte na ang nagsabi na posible ring pumasok sa bansa whether we like it or not. Bukod diyan ay may mga kaso na rin umano nang pinaghalong Delta at Omicron variant sa ibang bansa. Iyan at iba pang usapin ang ating aalamin mula kay World Health Organization Representative to the Philippines Dr. Rabi Abeyasinghe. Good morning po and welcome back to the Public Briefing, Doc Rabi.

**WHO REP. DR. ABEYASINGHE:** Good morning Usec. Rocky, happy to be here, Happy New Year!

**USEC. IGNACIO:** Happy New Year din po. Following the result of the Philippine Genome Center's latest sampling wherein 60% is Omicron, should we assume that Omicron is now the dominant variant in the country, Dr. Rabi?

**WHO REP. DR. ABEYASINGHE:** Thank you, Usec. Rocky, it's an important question. We have been trying to understand the spread of Omicron in the Philippines and it is not surprising because the transmissibility of Omicron is significantly higher than the currently predominant Delta variant. And so, we would expect to see Omicron displacing the Delta variant.

Now the problem is that we have seen a very small number of sequencing reports from the last month, in December, and the last batch of samples were largely from NCR and from Returning Overseas Filipinos who tested positive and so, it's not surprising that among the ROFs and also in NCR that we are seeing now Delta variant being displaced by the Omicron variant.

To say whether it is the predominant variant in the country, we'll soon be so. But because we have very few sequencing results from the other regions, it's difficult to conclusively judge but it's not entirely surprising result and we believe that in the near future, Omicron will displace Delta variant as the predominant variant as it has done in several other countries.

**USEC. IGNACIO:** But, Dr. Rabi, what can you say about mass testing versus targeted testing? Do you agree that targeted and risk-based testing is still the best strategy to do in spite of the exponential growth in cases?

**WHO REP. DR. ABEYASINGHE:** So, the evidence points to Omicron having 3 to 4 times higher transmissibility than Delta variant and a lot of those infections are mild or symptomatic as you would mentioned in your report in the country. Also now, what is important is that we know that Omicron variant is accompanied by an exponential increase in transmission especially when minimum public health standards are not adhered to.

And so what we are seeing now in NCR and adjoining regions is this kind of exponential increase that we have seen in several other countries. And in those circumstances given the higher transmissibility of Omicron, it could be prudent to reserve the testing capacity to test symptomatic people, especially symptomatic elderly and vulnerable people.

On the other hand, it's also not very useful in testing other asymptomatic people in a household once you have confirmed Omicron case in a household because of the higher transmissibility. They are very likely to get infected or would have already infected. So by testing such people who are asymptomatic and close contacts of positives, we are artificially driving up the positivity rate. It would be far better to use the testing capacity to understand where is the transmission and use that to suppress further transmissions.

So I think targeted testing is a better use of the resources on RT-PCR test and the hypothesis that if you have a confirmed case in a household and other people are asymptomatic, there is no need to confirm testing, just need to assume that it's Omicron. And because it's much milder, it would be prudent to just isolate or quarantine as the case may be for the required number of days, it could be not necessarily test and confirm every

infection unless of course you are in the vulnerable groups or elderly where it would be useful to understand so that we can initiate early treatment. Most other people don't need specific treatment. Thank you.

**USEC. IGNACIO:** Dr. Rabi, can we say that we are now at the height of the surge or should we expect the trend to increase further? Until when is the surge projected to continue, Dr. Rabi?

**WHO REP. DR. ABEYASINGHE:** It's very difficult to say. We are seeing that the incubation period in Omicron is lower than with the Delta and with the various type. And so this progresses much faster and develops much faster. Of course we now know that the National Capital Region and some adjoining regions have been put under Alert Level 3 from the 3<sup>rd</sup> of January I believe or subsequent dates and that is showing a very significant reduction in mobility.

It's also showing – if you look at the streets of Manila – many people are not going out, they are not taking the risk. So this is going to have a significant impact on transmission. And if you notice, yesterday, we saw 5,000-case decline in comparison to the previous day. So this maybe an early indication that we are seeing a plateauing, but we need to be aware that we will continue to see total number of cases increasing as the virus spreads out into other regions like Region III, IV-A and even Region V, Visayas and Mindanao. So this is inevitably going to happen, but we need to be careful in assessing and jumping to conclusions.

What is critically important is, we reduce the opportunity for virus transmission by following the minimum public health standards by reducing close contacts, by early isolation and quarantining if you know that you are having symptoms and you have been a close contact so that we minimize the opportunities for virus to spread, and this maybe will be able to reduce the transmission. So it's now premature to say that we reached the peak, we may still see an increasing number. We are carefully looking at how it is evolving in the NCR and the other regions. And at this point of time, it's too premature to assume that we have reached the peak.

**USEC. IGNACIO:** Dr. Rabi, why do you think it's dangerous to think that Omicron may be the path to herd immunity?

**WHO REP. DR. ABEYASINGHE:** Well, we have seen these variants evolving and we have seen with Omicron that people who have had previous infections with various variants or Delta variant having second and third infections. So the whole concept of herd immunity assumes that if you have the immunity, you will no longer get the infection. But with the coronaviruses, because they are mutating rapidly, the immunity you develop to a variant doesn't afford full protection. And so, the concept of herd immunity, I think, we should not talk about it. What is more important is that we assume that everybody is at risk and trying to protect them as much as possible through ensuring that our systems are ready, that PDITR but of course, more than that, the vaccination and the compliance with the minimum public health standards.

**USEC. IGNACIO:** Dr. Rabi, can we get the WHO's reaction on Pfizer's Omicron specific vaccine which is targeted to be released around March? Will that still be timely to manage the spread of the variant?

**WHO REP. DR. ABEYASINGHE:** If you are talking about manage the spread of the variant in countries that are already seeing a surge, it may be too late. The issue is that, we have already existing vaccines, all WHO EUL listed vaccines are capable of preventing severe disease and death. So the new type of vaccine, what we are looking for is a vaccine that can prevent people from getting infected with mild symptoms.

We are not quite sure whether Omicron specific vaccine will be useful for new future variants. So it may be useful to prevent infection in people who still have risk of getting Omicron. But if it's going to be released in May, it may be too late for countries like the Philippines and other countries that are seeing a surge now.

**USEC. IGNACIO:** Dr. Rabi, what information does the WHO has so far about Deltacron? Are you in coordination with the Cyprus government already with regards to the reported 25 cases of Deltacron?

**WHO REP. DR. ABEYASINGHE:** It's very early days with Deltacron. We've just heard about it. We are trying to understand it. There are some speculations that there are maybe some laboratory contamination. Teams from headquarters are undoubtedly engaging with the authorities in Cyprus to better understand. So once we have a clearer understanding, we will comment on Deltacron.

**USEC. IGNACIO:** But apart from the Deltacron, is the IHU variant which is said to be more transmissible than Omicron, do you agree that like any other variants, IHU will inevitably enter the country whether we like it or not, Dr. Rabi?

**WHO REP. DR. ABEYASINGHE:** So IHU variant is a little different because it has been circulating since September or November last year. Originally, it's believed to have evolved in Cameroon in Africa but detected in France by Marseille University Hospital Institute. This variant has not shown capacity to predominate in transmission, so it doesn't seem to have the capacity to be displacing Delta or Omicron. We are still looking at it. It has been classified as a variant under monitoring. And WHO, together with the authorities in France and other countries where this variant has been detected, is monitoring the situation closely. But I don't think it is at this point of time warrants to be classified as a variant of concern.

**USEC. IGNACIO:** But, Dr. Rabi, should we now be worried? And what are the preparations we must be doing before this variant enters the country while managing the Omicron spread?

**WHO REP. DR. ABEYASINGHE:** So we are now beyond the second year of this pandemic, and we have been developing strength capacities in the country to manage

this kind of situation. And it is important for us to now take a very risk-based approach not only in preparing for future variants but also in how we respond to currently circulating variants because that was why we had those initial lockdowns and ECQs and all of that to build the system's capacity. Now, we need to see how we protect the economy and how we will minimize the destruction while protecting the health and lives of people.

So this has to be very carefully calibrated. We continue to improve on those systems that we have been building in the last two years, but we need to take a very careful risk-based approach whether we need to be locking down, whether we need to be preventing travel, how much of restrictions we put on people. Because if the disease, like that caused by Omicron is not driving a lot of hospital admissions and the healthcare systems are holding up, then we should try to keep help people live with this variant and help keep the economy moving rather than locking down and closing down because we have been emphasizing that it's health and economy; it's not health first or economy. We need to try to see how we can protect both sectors and keep the momentum because a lot of people are affected by economic restrictions and travel bans, and it just gives you a false sense of confidence.

So we have to be careful in those measures. Look and assess whether it's absolutely necessary and take a very risk-based in implementing those measures.

**USEC. IGNACIO:** Dr. Rabi, we have questions from our friends from the media. Question from Jayson Rubrico of SMNI News: Dr. Rabi, is there any standard self-medication set by the WHO for individuals who don't want to go to the hospital? What can a person do to treat himself without going to the hospital for fear of getting infected with COVID-19? Is drinking water and vitamins or eating fruits [technical problem]...

**WHO REP. DR. ABEYASINGHE:** ...testing positive [technical problem] if you have fever, you could take some antiviral meds like paracetamol. Beyond that, there is no specific treatment that is required or may be required by more than 90% of the people who test positive. It's only those vulnerable people, the elderly and comorbid people, especially those people who have not yet accessed vaccines who are at risk.

So message is, while we are managing this surge especially in NCR and the adjoining regions is to try to improve vaccine coverage given the large stock of vaccines in the country among the elderly, among the comorbid population across the country; and also to afford boosters to the health care workers and other at risk populations so that we keep the healthcare system functional and we protect the most vulnerable groups from getting severe disease. There is no particular added advantage in taking other medications. Of course, keeping hydrated is important. Eating healthy fresh food is important, but those are not absolutely effective against Omicron.

COVID-19 largely caused by Omicron is a mild disease, so there's no specific treatment that is particularly required unless you are at risk or you have comorbidities or you're from the vulnerable age group.

**USEC. IGNACIO:** Dr. Rabindra, question from Red Mendoza of Manila Times: The Philippines is experiencing a surge of cases which is caused by the increased mobility during the holiday season and the potential prevalence of the Omicron variant. Did you see this as a potential failure of the Filipino public to follow the minimum health standards during the holiday season which could have greatly influenced the surge of cases?

**WHO REP. DR. ABEYASINGHE:** Well, we reiterated before the advent of the holiday season the need to follow the minimum public health standards. But unfortunately, we saw that the very low number of cases that we were reporting in early December that there was a sort of release from the part of—that there was now an opportunity to be free of this virus but that was a false sense of security and that's why we continue to reiterate that even when you are celebrating the Christmas season, you need to follow the minimum public health standards; you need to ensure that you access the vaccines as early as possible.

And of course because those precautions were not followed in some areas, we are now seeing the results of that. So, the message here is clear: We know what needs to be done, we know to do it all, and we need to continue to do it 'til this pandemic is no longer an issue.

**USEC. IGNACIO:** Still from Red Mendoza of Manila Times, Dr. Rabindra: Will the WHO set a recommendation of possibly shortening the isolation and quarantine period due to new research and due to the fact that there is a danger of potentially losing critical workforce especially among the healthcare sector due to the high transmissibility of the Omicron variant?

**WHO REP. DR. ABEYASINGHE:** Well, we are conscious of this. We are looking at global experiences. Many countries have reduced the quarantine and isolation period and we are also looking at the global evidence. We would quite likely be making some recommendations on those counts based of course on vaccination status, based on the predominance of these other variant.

And so we expect that we'll be sharing with the governments some recommendations on taking a risk-based approach to reduce the quarantine and isolation durations so that we can provide uninterrupted services to people especially in the healthcare recognizing that it's not only COVID-19 that health care workers are providing services for.

Thank you.

**USEC. IGNACIO:** Opo. D. Rabindra, this question is from Vivienne Gulla of ABS-CBN: The WHO warned that simply repeating booster doses of the original COVID vaccine is not a viable strategy. What are its risks?

**WHO REP. DR. ABEYASINGHE:** So, we have always reiterated that primary vaccination for everybody at risk is more important than providing boosters to people who have already completed the primary course of vaccinations. And we continue to emphasize

that because we continue to see that there are a large number of people in the Philippines who have still not been able to access their primary vaccines for whatever reasons.

So, plea again to the population is to access those vaccines are free to the local government units and the respective health unit is to ensure that everybody can access the vaccines and it able to access those vaccines and are protected.

But given the abundance of vaccines in the Philippines I'm happy to note that WHO and COVAX committed to provide 44 million doses to the Philippines in 2021. We actually provided more than 62 million doses; so, enough vaccines to fully protect 20% of the population.

We actually provide enough vaccines to protect 37 million Filipinos last year. So, a plea to you is make use of those vaccines and make use of the availability of the vaccines to protect yourself from severe disease and death by accessing the vaccines primary as the primary course but also for those who have been vaccinated by the primary course with boosters.

**USEC. IGNACIO:** Another question from Vivienne Gulla, Dr. Rabindra: While existing vaccines protect against COVID, it does not completely block transmission as seen in the Omicron variant. What is the recommended vaccination strategy to combat COVID moving forward?

**WHO REP. DR. ABEYASINGHE:** The fact of the matter, USec. Rocky, is that none of the vaccines currently available can protect infection happening. We can only protect severe disease and protect people from developing severe disease and death.

At this point of time, it is a high priority for the global community to develop a vaccine that can prevent COVID-19 infection. Till we have that, we have to depend on these vaccines to protect people from severe disease and death and that will allow us to continue with the economic activity; to continue an economic rebound; and manage our daily lives.

So, until we have such vaccines that can protect people from acquiring infection, this is what we have at the moment, we need to maximize the use of them.

**USEC. IGNACIO:** Question from MJ Blancaflor of Daily Tribune: This week, the national government is expected to decide whether Metro Manila will be placed under stricter alert level or not on January 16 – 31<sup>st</sup>. For WHO, should authorities implement a stricter restrictions in the capital region to stem virus spread?

**WHO REP. DR. ABEYASINGHE:** Well we are looking closely at the current Alert Level 3, and as I mentioned earlier, we are seeing a significant reduction in mobility and if yesterday's reduction in number is an indication maybe the current alert levels are adequate.

We are very conscious that we will need to increase those alert levels and increase the restrictions only if we see signs of the healthcare system being overwhelmed. Right now, we don't see that. Projections are that the Philippines may be able to avert that if even if current trends are continued until about the end of this month, meaning that red line analysis that we have done projects that we can manage the health systems to about the 27/28 of January. Given the trends up to yesterday, with yesterday's decline, we may be even to manage beyond that.

So, we are very careful in saying we need to restrict movements more, what is important is at individual level everybody following the minimum public health standards and isolating or quarantining themselves if they have symptoms or exposure so that we reduce the risk of transmission and reduce the need for stricter quarantine because that have very serious economic consequences.

We need to try to take that best approach and try to keep the economy open unless we are seeing signs that the current alert levels are not working.

**USEC. IGNACIO:** Dr. Rabindra, question from Maricel Halili of TV5: Professor Jimenez of the University of Colorado said that the Philippines should let go of face shields and plexiglass barriers because these are useless and waste of money. He said health worker should wear laboratory goggles because COVID is clearly airborne. Will you recommend the same thing especially for health care workers?

**DR. RABINDRA ABEYASINGHE:** For health care workers, if they have goggles, it's good to wear goggles; if they don't have, it's better for them to use face shields in the absence of goggles.

But we are talking of health care workers who are involved in aerosol-generating procedures, it's not necessary for every health care worker to wear a goggles. It's not necessary for every health care worker to wear face shields if they're masking well, if they wear tight-fitting mask, that would be enough protection and beyond that it's about the hand hygiene; the physical distancing.

For normal health care workers who are not involved in aerosol-generating procedures in caring for COVID-19 patients. And of course, the triaging needs to happen so we minimize the risk to health care workers who are not caring for COVID 19 patients so they can continue to function in facilities, support in caring for COVID-19 patients. And of course *[unclear]* so that we will lessen the risk to health care workers who are caring for COVID-19 patients, so that they can continue to function in facilities.

**USEC. IGNACIO:** Dr. Rabi, question from Lei Alviz of GMA News: What is your assessment of the current COVID situation in the country where a number of cases are vaccinated and some even received their booster shots?

**WHO REP. DR. ABEYASINGHE:** So, we have seen clearly total evidence and that is why we reiterated early on that the vaccines are not capable of preventing infection. So,



people who have been fully vaccinated, who have received the booster shot continue to get infected, but those infections are mild because the currently available vaccines are not capable of preventing infection. So, that is not entirely surprising. We have known this right along. What we know is that the vaccines can prevent severe disease and death and that is why we are advocating that people continue to access those currently available vaccines so that we can prevent further severe disease overwhelming our health system and reduce the number of deaths happening.

**USEC. IGNACIO:** Dr. Rabi, thank you so much for joining us today. Dr. Rabi Abeyasinghe from the World Health Organization. Always keep safe, Dr. Rabi.

**WHO REP. DR. ABEYASINGHE:** Thank you so much, Usec. Rocky. Have a good day.

**USEC. IGNACIO:** Isa pong malungkot na Bagong Taon ang sinalubong ng mga kababayan nating nasunugan sa Barangay Zapote 5, Bacoor City. Kaya naman po agad na nagpaabot ng tulong sa lugar ang outreach team ni Senator Christopher 'Bong' Go. Panoorin po natin ito.

[NEWS REPORT]

**USEC. IGNACIO:** Kumustahin naman po natin ang patuloy na pagpapatupad ng quarantine protocols sa mga lokal na pamahalaan. Makakausap po natin si DILG Spokesperson Undersecretary Jonathan Malaya. Good morning po, Usec.

**DILG USEC. MALAYA:** Yes, magandang umaga, Usec. Rocky at magandang umaga po sa lahat ng tagasubaybay ng inyong programa.

**USEC. IGNACIO:** Usec, kumustahin po muna namin si Secretary Año na kahapon nga po inanunsiyo na muli siyang nagpositibo sa COVID-19?

**DILG USEC. MALAYA:** Opo. Nakakalungkot nga po, nalulungkot nga po kami sa DILG dahil pangatlong beses na po ni Secretary Año na nagka-COVID. Ngunit sa mga nag-aalala po sa kaniya, maayos po ang kaniyang kalagayan. Siya po ngayon ay naka-isolate. He is working from home at ka-text ko nga po siya madalas. Sabi po niya, siya ay asymptomatic at napaka-mild ng kaniyang mga sintomas. So, humihingi po kami ng dasal sa ating mga kababayan para sa agarang paggaling ng aming Secretary, si Secretary Eduardo Año.

**USEC. IGNACIO:** Opo. Pero, Usec, kumustahin natin iyong mga tauhan naman po ng DILG. Wala naman po bang reported na increase COVID cases sa inyong hanay?

**DILG USEC. MALAYA:** Marami rin po ang nagka-COVID, kagaya po ng ibang mga frontliners natin. Dito lang po sa central office, out of our 1,184 total employees, mayroon po kaming 57 na mga nagpositibo, around 5% of our employees from the central office ay nagka-COVID. Ngunit karamihan po sa kanila ay mild and asymptomatic at marami

na po ang gumaling. Mayroon din po kaming mga nag-positive sa mga regions, pero hindi naman po ganoon kadamihan.

**USEC. IGNACIO:** Opo. Pero, Usec, sa ngayon ilan daw po iyong nadagdag sa mga nag-granular lockdown sa bansa, ilan sa Metro Manila at ilan sa mga regions? Iyan din po ang tanong ni Sheena Torno ng SMNI kung mayroon daw pong datos?

**DILG USEC. MALAYA:** Opo. Mayroon po tayong datos. Dito po sa NCR, mayroon po tayong 97 na ongoing granular lockdowns. Iyan pong 97 na iyan ay mayroong 102 na apektadong pamilya, which is equivalent to 463 individuals. Kung titingnan naman po natin ang kabuuang numero sa buong bansa, mayroon na po tayong 107 lockdowns in the entire country for a total of 679 individuals under granular lockdown.

**USEC. IGNACIO:** Opo. Pero Usec, mahigpit naman po ba daw na nababantayan ng mga police at ng iba pang force multipliers ang mga naka-granular lockdown at simula na rin po ba iyong pagbabantay nila sa mga quarantine hotels?

**DILG USEC. MALAYA:** Opo. Matagal na po nating na-implement itong alert level system kaya sanay na po ang ating kapulisan, kasama ang ating mga barangay tanod at local government officials sa pagbabantay sa granular lockdown. At nakikita naman po natin iyan madalas nairi-report sa media iyong patuloy na pagbabantay natin doon sa mga lugar na naka-granular lockdown.

Tungkol naman po doon sa mga quarantine hotels na siyang binabantayan ng Philippine National Police, alinsunod sa naging kautusan ng Pangulo na magtalaga ng dalawang police officer sa bawat quarantine facility. Mayroon po tayong 270 na DOH-BOQ or Department of Tourism Hotel na ngayon ay mayroong mga naka-check in na returning overseas Filipinos. Ang ginawa po ng ating kapulisan ay naglagay ng health desk sa 247 na quarantine facility na ito at nakapag-deploy po tayo ng 748 police officers na ngayon ay nagbabantay 24 hours sa mga quarantine facilities na aking binanggit. Sa kabuuang po, 18,562 na mga quarantined individuals ang ngayon ay sini-secure ng ating mga kapulisan, which total 748.

**USEC. IGNACIO:** Opo. Paano naman daw po ini-intensify ng DILG ito namang contact tracing sa ngayon at ang [garbled] home isolation. Marami din daw po kasing BHERT workers ang nagpupositibo ngayon?

**DILG USEC. MALAYA:** Opo. Unang-una po, mayroon tayong isinasagawang reorientation ng ating mga BHERTs at ng ating mga Barangay Health Workers kasama po ito sa naging direktiba ng Department of Health na itong panahon na may surge ay kailangan magkaroon tayo ng reorientation para mapaalala sa ating mga Barangay Health Care Workers and Barangay Health Emergency Response Teams iyong kanilang katungkulan sa panahon ng pandemya.

Patuloy naman po ang contact tracing ng ating mga local government units sa pangunguna ng City Epidemiological Surveillance Unit para agarang pong ma-contact

trace ang mga naging close contacts ng mga positibo. Ngunit mahirap po talaga ngayon, mas mahirap [signal cut] so, iyan po ang binabantayan.

**USEC. IGNACIO:** Opo. So, USec., medyo naputol kayo sa bandang huli medyo mahirap po ngayon dahil...pakiulit lang po iyong huli ninyong sinabi USec.

**DILG USEC. MALAYA:** Opo. Mas mahirap po kasi kung mag-contact trace pag may surge kasi di ba ang pagtaas ng ating mga kaso ay exponential, mabilis ang pagtaas. So, pag madami po ang mga kinu-contact trace napakahirap din po ng ginagawang contact tracing.

But none the less, nakatutok po ang lahat ng contact tracers natin para ma-trace at ma-detect natin kung saan nanggaling at para ma-test at ma-isolate iyong mga close contacts ng ating mga COVID positives.

**USEC. IGNACIO:** Opo. USec., kayo na rin po kasi ang nagsabi na may vaccine hesitancy pa rin among provincial barangay officials ano po. May hakbang po bang gagawin ang DILG tungkol dito para mahikayat, kasama na rin po iyong mga constituents nila na magpabakuna.

**DILG USEC. MALAYA:** Mula po ng magsimula ang ating intensified vaccination programs especially noong nagsagawa tayo ng National Vaccination Day, tuloy-tuloy po ang ating programa to encourage people to get vaccinate kasama na rin po of course iyong mga naiwan pang mga barangay officials na hanggang ngayon ay hindi pa nabakuna.

Mayroon po tayong localized information dissemination program, gumagamit po tayo ng local influencers gaya ng kanilang local officials, gaya ng Mayor, iyong kanilang Vice Mayor at mga iba pa. Mayroon po tayong isinasagawang mga town hall meetings na kung saan may mga eksperto po tayong iniimbitahan gaya ng mga doctor mula sa Philippine Medical Association at iyong Allied Medical Professions at gumagawa rin po tayo ng mga outreach activities at ginawa po natin itong mga outreach activities na ito sa mga komunidad para po makarating sa kanila iyong ating mensahe na kailangan ng magpabakuna.

Kailangan po kasi na... sa amin pong eksperyensiya kailangan po natin puntahan sa mga bara-barangay iyong mga hindi pa nagpapabakuna because that is the only way we can get our message across.

**USEC. IGNACIO:** Opo. USec., paano naman daw po napapatupad iyon daw pong direktiba ng Pangulo na limited mobility sa mga unvaccinated kung mismong local executives daw po ay hindi nagpapabakuna?

**DILG USEC. MALAYA:** Okay. Unang-una po USec. Rocky, hindi na po karamihan iyong mga barangay officials na hindi pa nagpapabakuna, konti na lang po iyan. Para po masiguro iyong datos natin ng mga unvaccinated nagpalabas po si Secretary Año ng

Memorandum Circular para magsagawa ng imbentaryo ang lahat ng mga barangay sa buong bansa para malaman iyong mga hindi pa nagpapabakuna sa mga Barangay in line with the pronouncement of the President na i-restrain o re-strict iyong movement ng ating mga unvaccinated individuals.

So, USec. Rocky, it all begins with an inventory and then pag mayroon na po tayong imbentaryo doon na po i-implement ng LGU through a ordinance iyong mga restrictions sa movement ng mga unvaccinated individuals. Dito po sa Metro Manila, tatlong LGU na lamang ang hindi pa nagpapasa ng kanilang ordinansa restricting the unvaccinated individuals, the mobility of unvaccinated individuals.

So, I would expect USec., in the next few days ay lahat all 17 LGUs in Metro Manila will have their own of ordinance enforcing the President's directive and hindi rin po ako mabibigla kung sa mga probinsiya ay magpapasa na rin sila ng mga similar ordinances dahil nagpasa na rin po ang League of Provinces of the Philippines sa pangunguna ni Governor Presbitero Velasco ng resolution kung saan they are also encouraging iyong kanilang mga member provinces na magpasa ng ganitong ordinance.

So, pag mayroon na pong mga ordinansa this will now serve as the guidelines of the Barangays and of the PNP sa implementasyon ng direktiba ng ating Pangulo, to restrict the mobility of the unvaccinated.

**USEC. IGNACIO:** Opo. USec., puwede po bang malaman kung ano daw po iyong 3 LGU na hindi pa nagpapasa ng ordinansa o nagpapatupad?

**DILG USEC. MALAYA:** Well, dito sa aming report ng DILG-NCR, mayroon ng nakasalang na mga ordinansa sa konseho ng Navotas, Makati and Pasig ngunit hindi pa po ito naaprubahan. In other words it's under deliberation by the city council and we expect in the next few days ay mapapasa na po ito dahil unanimous naman po iyong naging decision ng lahat ng Mayors ng Metro Manila na isusulong nila ang mobility restrictions against unvaccinated in consonance with the directive of the President.

**USEC. IGNACIO:** Panghuli na lang po USec. Ano daw po ang reaction ninyo sa muling pagpapatupad ng curfew hours dito sa Metro Manila para sa menor de edad? Sa palagay ninyo dapat din po bang ipatupad sa edad 18 pataas?

**DILG USEC. MALAYA:** We fully support, we fully support po iyong naging decision ng Metro Manila Council as announced by the Chairman Mayor Olivares na magkaroon ng curfew para sa mga menor de edad. Tamang-tama lang po iyan na ito ay kailangan natin ng ganoong klaseng mobility restrictions sa mga minors dahil nga po sa pagtaas ng insidente ng COVID-19 sa National Capital Region.

Siguro po kung lalala pa ang sitwasyon at tumaas iyong ating health care utilization sa mga high levels siguro panahon na para mapag-aralan din ng ating mga LGUs iyong curfew not only for minors but for adults.

**USEC. IGNACIO:** Opo. USec., kunin ko na lamang iyong mensahe o paalala ninyo sa ating mga kababayan.

**DILG USEC. MALAYA:** Opo. Nananawagan lang po kami sa ating mga kababayan na magdala lagi ng vaccination card kung kayo po ay bibiyahe o papasok sa mga pampublikong lugar dahil mayroon na pong mga naipasang ordinansa at mayroon pong kautusan ang ating Pangulo na kailangan ipakita ang vaccination cards sa mga checkpoints o kaya naman ay sa mga restaurants or malls.

Ngayon nakikiusap din po kami sa mga business establishments na tumulong magpatupad nito kasi wala naman po tayong pulis na puwedeng i-assign sa bawat restaurant na ang trabaho lamang ay i-inspect ang vaccination card ng mga parokyano. So, it is the responsibility also of the business establishment to ensure that all of his employees are vaccinated and all of his customers are vaccinated as well. Sana po tulungan tayo - ang pamahalaan at ang ating mga kababayan.

**USEC. IGNACIO:** Okay, maraming salamat po DILG Spokesperson Undersecretary Jonathan Malaya.

**DILG USEC. MALAYA:** Maraming salamat din po USec., at mabuhay po kayo.

**USEC. IGNACIO:** Samantala, magbabalik pa po ang Public Briefing Laging Handa PH.

[COMMERCIAL BREAK]

**USEC. IGNACIO:** Nagbabalik po ang Public Briefing #LagingHandaPH.

May ulat po ang aming kasama sa Cordillera, si Alah Sungduan ng PTV-Cordillera:

[NEWS REPORT]

**USEC. IGNACIO:** Samantala, lumampas na sa tatlong milyong Pilipino po ang tinatayang nagkaroon ng COVID-19 sa Pilipinas – 3,026,473 ang kabuuang bilang niyan base po sa pinakahuling tala ng Department of Health kahapon; 28,007 new cases ang nadagdag sa bilang na iyan, bahagyang mas mababa sa naitalang all-time high na higit 33,000 new cases noong Lunes; 2,792,646 naman po ang total recoveries na kahapon ay nadagdagan ng 4,471 na katao na mga gumaling; habang 52,511 naman po ang lahat ng nasawi matapos madagdagan ng 219 new deaths. Sa kasalukuyan, anim na porsiyento na ng total cases ang nananatili pa ring aktibo o katumbas ng 181,016 active cases.

Ipinatutupad na sa Davao Region and 'No Vax, No Entry' policy. Ating kumustahin ang mga updates tungkol dito mula kay Hannah Salcedo ng PTV-Davao.

[NEWS REPORT]

**USEC. IGNACIO:** Maraming salamat po sa ating mga partner-agency para sa kanilang suporta sa ating programa at maging ang Kapisanan ng mga Brodkaster ng Pilipinas (KBP).

Maraming salamat din po sa inyong walang-sawang pagtutok sa ating programa. Hanggang bukas pong muli, ako po si Usec. Rocky Ignacio at ito ang Public Briefing #LagingHandaPH.

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*News and Information Bureau-Data Processing Center*