



ISSN 0118-4253

The Official Publication of the Department of Health

# Health *beat*

MAR-APR  
2016

## SUMMER HEALTH TIPS



Tall or not tall  
remains to be  
a controversial  
question  
around the  
world.



The Zika Virus  
has been  
linked to  
shattering birth  
defects,  
including  
microcephaly.



One  
celebrated  
tradition held  
every Good  
Friday is the  
re-enactment  
of the Passion  
of Jesus Christ.



Dogs are  
considered to  
be a man's  
best friend. But  
what if things  
go wrong and  
suddenly they  
bite you?





## REGULAR ISSUE

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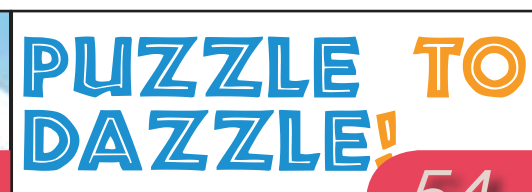
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# EDITORIAL





# FUN time, SUMMertime Health Tips!

**S**ummer is just around the corner and we are all looking forward to relax and have some fun. It is time to release some stress and leave all our problems behind, even just for a while. But, we must not forget to take care of our health while doing so. If you are planning to go on a vacation this summer, here are some tips to make sure that you keep your body safe and healthy.



**1.** If you plan to spend most of your vacation outdoors like swimming in the beach or hiking on mountains, use sunblock to protect your skin. Apply sunblock with at least SPF30 to prevent getting sunburned. Reapply every 2 hours or as needed to keep your skin protected from the extreme heat of the sun.

**2.** If possible, schedule outdoor activities early in the morning or later in the afternoon when it is cooler and the air quality is better. Avoid direct sun exposure during 10 am to 3 pm when the sun is strongest.

**3.** Wear light, breathable and comfortable clothing and use hats with brims for more protection from the sun. Use sunglasses to protect your eyes from the sun.

**4.** Use insect repellant when playing outdoors to keep the mosquitos that brings viruses like dengue and malaria from biting you.

**5.** Bring food that does not require refrigeration. Pack raw meat in sealed plastic bags and put it in a cooler. Avoid bringing food that can easily be spoiled because of the hot and humid weather.

**6.** We might think that summer is a good excuse to eat junk food, but we must remember that having nutritious and healthy food can supply our body the nutrients and energy that we need for our summer activities.

**7.** When eating take outs, make sure to consume it immediately. The food gets easily spoiled if it is exposed in extreme heat for more than 2 hours.

8. Always wash your hands before and after eating and after using the toilet.

9. Drink plenty of water especially before, during and after strenuous activities to avoid dehydration. In this intensely hot and humid weather, it is very easy for our bodies to lose water, which is why we need to replenish by drinking more fluids.

10. Do not leave children in swimming areas unattended. Avoid drinking alcohol when supervising children. Make sure to give full attention to your children when they are swimming to prevent accidents and drowning.

11. For non-swimmers, use life jackets and other floating devices but do not rely on these alone either. Try to use the “buddy system” so that you can look out for each other when swimming.

12. Learn basic life support skills like cardiopulmonary resuscitation (CPR). Having CPR skills can save someone’s life.

These are just some helpful tips that can help you enjoy your summer vacation without sacrificing your health and your safety.





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# PREPPIN' THE FOODS SAFELY IN SUMMER



**S**UMMER! Oh, how we long for this season when many of us eagerly get away from school and work. It is probably the most exciting time of the year when picnics, camping trips and other fun outdoor adventures draw family and friends together. No matter what activities we choose to take part in, food is the common denominator that runs through all our recreational and relaxation activities. It is definitely a season for various delectable foods that spice up the moment.

To save the vacation from the disaster of people getting sick because of improper food handling, food safety precautions are strongly advised. Foodborne illnesses and food contamination continue to be significant public health concerns. This incidence increases in summer due to a variety of factors including warmer temperatures, a greater risk of food poisoning due to harmful bacteria that grow quickly in this condition. It is important to stay healthy and safe during this season by following basic food safety recommendations.

The Department of Health (DOH) defines FOOD SAFETY as the “assurance that food will not cause harm to the consumers when it is prepared or eaten according to its intended use”. Food and water-borne diseases are caused by any infectious organisms like bacteria, viruses and parasites and non-infectious agents such as chemical, animal and plant toxins. Common causes of food and water borne diseases are unsafe sources of drinking water, improper disposal of human waste, unhygienic practices like spitting anywhere, blowing or picking the nose, unsafe food handling and preparation practices like, for example, in street vended foods.

In case of suspected foodborne illnesses, preserve the evidence by wrapping securely a portion of the suspected food, label it as “danger” and freeze it. Consult a professional doctor if symptoms persist or are severe such as bloody diarrhea, excessive nausea and vomiting or fever. Finally, it is important to report the incident to the local health authority.

The DOH- Epidemiology Bureau conducted a 10-year statistical analysis of foodborne illnesses in the Philippines from 2005 to 2015 to identify factors that contribute to disease outbreaks and to recommend control and preventive measures. There were 28 foodborne disease outbreaks investigated by the Field Epidemiology Training Program Fellows and seven of these outbreaks happened during the summer months of April and May. These incidents were mostly due to improper food handling and inadequate temperature control of the associated foods. Most of the outbreaks were caused by bacterial contamination. Fifteen percent of the

total outbreaks were due to chemical ingestion. Chemical poisoning can occur when somebody ingests a toxic substance.

### ***Plan ahead and pack safely***

When going out for a vacation, think of the foods to bring in advance and prepare them properly whether it is perishable or not. Place perishable foods in a cooler with plenty of ice or frozen gel-packs. Open and close the lid quickly. The food cooler should not be opened frequently to maintain its cold temperature.

Pack perishable foods from the refrigerator or freezer directly into the cooler. Make sure that the cooler is full because it will maintain its cold temperature` longer than one that is partially filled. Otherwise, pack the remaining space with more ice. Always keep raw foods, or those meant to be eaten raw such as fruits, wrapped separately from cooked foods. The same is true with raw meat, poultry, and seafood from other foods to avoid the spread of harmful bacteria. The spread of juices dripping from packages, containers, and even through hands is called CROSS-CONTAMINATION.

### ***Number One Principle***

Regular handwashing, particularly before and after meals, is the most basic yet best way to remove dirt, avoid getting sick, and prevent the spread of germs to others. It is quick, simple, and can keep the bad microbes away. Handwashing is always good for everyone, except the germs. Doing



the proper cleaning techniques in outdoor activities as done at home can prevent cross-contamination and food poisoning. Always use clean water and soap in washing all utensils before and after use.

### ***Keep Everything Clean***

The second principle is to keep everything clean. To ensure better sanitation, clean work surfaces with a mild bleach solution, rinse with water and air dry. It is also a must to keep the area clean by proper waste disposal. Prevent leaks by using containers or re-sealable plastic bags. Cross-contamination can be prevented by providing several sets of clean utensils, cutting boards and plates. Truly, cleanliness is tantamount to safety.

### ***Right Knowledge on Storage***

Foods get spoiled faster in summer, make sure not to eat anything that smells foul or tastes awful. It is



not advisable to keep food at room temperature for more than one hour in hot weather. Pathogenic micro-organisms feast on the food that is left unattended. Keep perishable foods in a refrigerator at home or in a cooler filled with ice packs. Avoid direct sunlight to the cooler and frequent opening. There should be separate coolers for food and drinks so that the cooler will not be opened frequently. Remember that improper food storage is the leading cause of spoilage.

### ***Sufficient Cooking is a Must***

Heat can kill microscopic bacteria. Make sure that raw meat, poultry, and seafood are cooked thoroughly to eliminate harmful bacteria such





as *E. coli*, *Salmonella*, and *Listeria*. Cook the food until it is steaming hot all the way through, especially leftovers and ready-to-eat foods such as hotdog. When color and texture do not guarantee that the food is cooked well, some use a food thermometer to make sure it is done. Bacterial growth increases as food cools after cooking so it is advisable to prevent it from cooling by using a heat source such as warming tray.

### ***Drink Safe Water***

During nature trips, the most basic concept to stay safe and healthy is that all sources of water are suspects. Do not trust fresh water from a pond or river for drinking no matter how clean it may appear. Some pathogens thrive in remote mountain streams and there is no way to know if the water is contaminated. These invisible microorganisms can make you sick when ingested. Always bring bottled or tap water for drinking. When bottled water is consumed, replenish it from public water systems that are tested and treated to destroy disease-causing organisms. Water in streams, lakes, and rivers or any water from the wild must be purified. The surest way to make water safe is to boil it. Boiling kills microorganisms.

### ***When in Doubt, Throw it out***

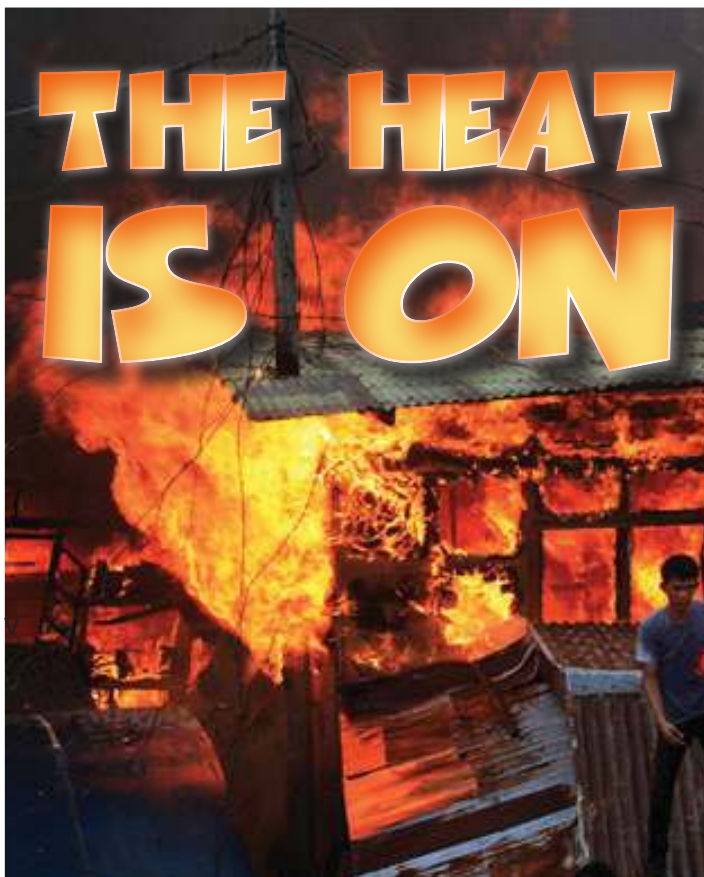
Discard any food if you are not sure that it has been prepared, served or stored safely. As mentioned, food should not be left unattended at

room temperature for more than an hour especially during summer. This can cause bacterial growth or toxins that cannot be destroyed by merely cooking. For safety assurance, do not taste any food that you are unsure about — just throw it out. It may look and smell fine but it is unsafe to eat. Leftover food in a cooler is safe only if there are still packs of ice in it. If not, dispose of any leftover food. If leftovers are stored in the fridge, make sure to consume them in three days. Otherwise, freeze them.

The World Health Organization (WHO) estimates that globally, foodborne and waterborne diarrheal diseases cause the deaths of about 2.2 million people annually, 1.9 million among them are children. Access to adequate, healthful and safe food is a basic human right. However, this right is threatened by foodborne disease and food contaminations. These growing public health concerns exist in both developed and developing countries.

The WHO cited common mistakes in food preparation such as when foods are set several hours prior to consumption, combined with its storage at temperatures which favor the growth of pathogenic bacteria or the formation of toxins, insufficient cooking or reheating of food to reduce or eliminate pathogens, cross contamination, and people with poor personal hygiene handling the food. On the other hand, WHO also highlighted that five keys to safer foods are keeping them clean, separating raw and cooked foods, cooking foods adequately, keeping them at safe temperatures and using safe water and raw materials.

Food poisoning is a widespread health problem that is serious and potentially life-threatening for young children, pregnant women and their fetuses, elderly adults, and people with weakened immune systems. In all seasons especially this summer, protect the family by applying the above-mentioned basic rules of safe food preparation to significantly reduce the risk of foodborne diseases.



**T**here is a sign that will not be easily removed. A sign that will probably affect one's self-esteem for a lifetime.

But you can still consider yourself lucky if that sign is the only remnant you got, that sign might just be a scar or a burned skin. Because more often than not, that sign's counterpart is sudden death.

There is a saying,

**Mas mabuti nang  
manakawan ng sampung  
beses kaysa masunugan.**

In theft, only materials things are at stake, while in fire, what is at risk is life.

### **March: Fire and Burn Prevention Month**

March as Fire Prevention Month began in 1966, when then President Ferdinand Marcos signed Presidential Proclamation No. 115-A, citing "a considerable rise in accident occurrence every year," while the Burn Prevention Month was declared by virtue of Proclamation No. 360 signed by then President Corazon Aquino.

According to the PAGASA (Philippine Atmospheric, Geophysical and Astronomical Services Administration), March happens to be one of the hottest months in the Philippines; it is around the month when temperature and humidity starts to reach high levels, causing "high sensible temperature" in the country.

Based on data from the Philippine Statistical Authority, March has one of the highest numbers of fire incidents reported from 2010 to 2013.

MONTH	2010	2011	2012	2013
January	1,0404	686	771	793
February	1,308	815	686	926
March	1,661	900	902	1,098
April	1,573	1,256	874	1,652
May	1,165	784	737	1,370
June	605	653	625	835
July	544	563	617	763
August	546	580	734	835
September	583	627	580	947
October	588	623	684	984
November	553	680	724	992
December	643	657	864	1,106

### **Where to Go?**

Behind this number of deaths are individuals who might be fighting for their lives.

Only five hospitals in the country have Burn Units. Four are DOH-retained hospitals. They are: the Jose Reyes Memorial Medical Center, the East Avenue Medical Center, the Southern Philippines



## Medical



Center, the Quirino Memorial Medical Center, and the lone state hospital, the Philippine General Hospital.

### JRMMC's Burn Unit

At the Jose Reyes Memorial Medical Center's (JRMMC) Burn Unit, there is a 7-bed specialized Critical Care Unit dedicated to patients with acute burn injuries, supervised by a Burn Unit Chief who is directly under the Chief of Section of Plastic and Reconstructive Surgery with a Head Nurse, four staff nurses, two nursing assistants, a plastic and reconstructive surgery fellow and two surgical residents as staff complement.

The unit is equipped with two cribs, one bassinet for pediatric patients and four adult beds. Baseline x-rays, hematologic and chemistry laboratory tests are done upon admission. Monitoring of vital signs and fluid balance are vital in the overall management of patients. Hydration and stabilization of the acutely burned is the first priority.

Daily bedside debridements and regular dressing

changes are done within the unit. However, patients who need formal debridements under anesthesia are brought to the operating room. Topical skin and wound care is addressed by applying silver sulfadiazine (Flammazine) cream or cerium nitrate and MEBO (Moist Exposed Burn Ointment)

The nature and complexity of a severe burn injury requires a collaborative approach to patient care. This is provided by a multi-disciplinary team with expertise in the management of severe burns in a burn unit with supporting services such as critical care, surgery, reconstruction, and rehabilitation.

The JRMMC is bringing together the expertise required to coordinate clinical services across the continuum of care from initial hospital admission to hospital discharge, rehabilitation, and on-going care; and increasing the focus on prevention, improving links to community outreach services for patients and undertaking research to improve patient care.



# A RITUAL THAT IS FATAL

## HEALTH WATCH ON GOOD FRIDAY CRUCIFIXION



The Philippines is a rich country of culture and traditions. It has varied influences from previous colonizations that have been retained and are clearly seen in their way of life, beliefs, customs and rituals. The Filipino culture is well-known and has largely been appreciated in many parts of the world. They are prominent in music, arts, literature, festivals, religion as well as their evident resilience despite series of catastrophic events. These make this country vibrant, exciting and diverse place to live and visit by many tourists.

One popular tradition held every Good Friday that has become a tourist attraction in the country is the re-enactment of the Passion of Jesus Christ, highlighting the crucifixion as the prime devotional ritual. The penitent, the one who submits to spiritual reparation, pursues the path of penance by voluntarily carrying a wooden cross and flagellating himself, in addition to being

crucified on the cross. These rituals are being practiced largely in Pampanga province, some barangays in Bulacan and Cebu City.

The Catholic Church in the Philippines discourages these acts of atonement which display self-harm and superstitious practices. Although these customs are gruesome, it is something that hundreds of locals and foreigners flock to to personally witness this spectacular occasion. The Church also urges them to never use their devotion for tourism purposes. There are many other activities that the pilgrims can participate in, which are not morbid such as the Visita Iglesia, washing of the feet and simply attending Eucharistic celebrations.

The long and crowded procession also has caused devotees to collapse due to the extremely high temperature of the season. People are advised to drink and bring plenty of water to avoid dehydration and heat stroke.

Because of these practices, the Department of







before engaging in these ceremonial nailing on the cross, whipping of the back or even walking the long procession barefooted. These are all potential risks that can lead you to danger.

Complications of tetanus infection may include broken bones, the severity of spasms may cause the spine and other bones to break; pulmonary embolism or blockage of a lung artery; and death when severe tetanus-induced muscle spasms can interfere with or stop the breathing. Respiratory failure is the most common cause of death. Lack of oxygen may also induce cardiac arrest and death. Pneumonia is another cause of death.

Health (DOH) constantly reminds and warns the devotees who insist on fulfilling the *panata* or vow as part of their observance of the Holy week to have tetanus shots and that the nails used to crucify them in the cross be well sterilized. Precautionary measures must be done to prevent anyone from acquiring the highly fatal infection called tetanus.

Furthermore, if the hammering of the nails through their hands and feet was not properly done, it could cause permanent damage. The nail may hit the bone and if the nerves are cut, the hand could experience numbness and eventually paralysis.

Tetanus, commonly known as “lockjaw”, is a serious bacterial infection that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles. Tetanus can impede your ability to breathe and is life-threatening.

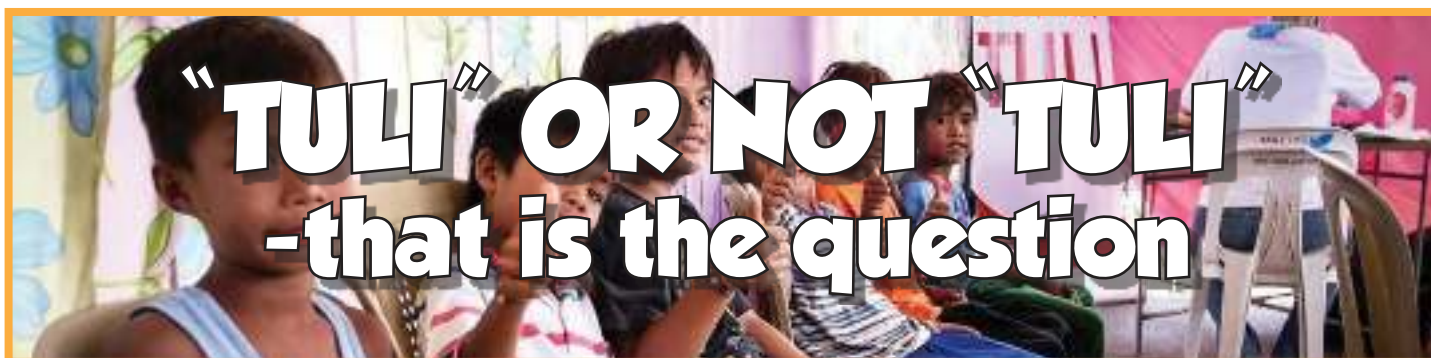
In short, participation in this kind of extreme religious rituals may cause someone not only to acquire tetanus which is extremely fatal but also physical trauma.

The tetanus vaccine is available to combat this fatal disease, tetanus remains to be a threat to those who are not up to date on their vaccinations, and is more common in developing countries like the Philippines. Also, there is no cure for tetanus and the treatment focuses only in managing the complications.

Seek a doctor for tetanus vaccines



*(Photos grabbed from the internet)*



“Tuli” or not “tuli” (to be circumcised or not) remains to be a controversial question around the world. The debate about the practice continues to swirl, with advocates saying it helps prevent urinary tract infections, HIV and penile cancer while critics calling circumcision a trauma that can bring depressing psychological impact and decreased sexual function. It is important to consider the determinants which influence society in the uptake of circumcision.

When a male is circumcised, the prepuce or the foreskin covering the glans of the penis is surgically removed, exposing the tip of the penis. The World Health Organization (WHO) estimates that approximately 30% of males aged 15 years old or older are circumcised globally. The worldwide prevalence of circumcision only means that it is not universal. There are several reasons why it is being done; it is highly personal and often depends on social or health related reasons; ethnicity or religion might also play an important role. On the other hand, there are still males who remain uncircumcised because of personal beliefs.



### **CIRCUMCISION IN THE PHILIPPINES**

Male circumcision, or tuli, is nearly universal in the Philippines and is strongly considered a rite of passage for young boys marking the beginning of their adulthood. The practice of this well-known procedure in the country has an overall prevalence of 95%, according to the WHO estimation using published data from Demographic and Health Surveys and other sources. Filipino boys ranging from 11-13 years old or younger submit themselves to circumcision usually during summer, an ideal time for this custom.

The summer season offers sufficient time for circumcised male adolescents to recuperate and will not get in the way with school chores because they are on break. Medical missions sponsored by hospitals such as the “Operation Tuli” offer free circumcision every school break. Other non-government organizations and charitable institutions offer the same service.

There are two types of circumcision in the Philippines: Traditional, also called “*pukpok*” is still adopted in the provinces, and the medical method which is more preferred because of safety and sanitation issues.

### **“PUKPOK” NO MORE**

The traditional way of circumcision, locally known as “*pukpok*”, should not be an option nowadays because of the potential risk of infection, particularly from tetanus, a severe and fatal infection caused by the bacterium *Clostridium tetani*. This method is



strongly viewed by medical professionals as unsafe and unsanitary.



*“Pukpok”* is widely practiced in many far-flung areas in the country and is performed by a traditional circumciser, usually an elder villager. It is performed without anesthesia wherein boys are made to chew guava leaves while the circumciser simply cuts off the foreskin with a sharpened tool or a knife through the aid of a hammering piece of wood. The newly-circumcised immediately goes to the cold waters and dip the wound at the nearby river as part of the healing process. The masticated guava leaves are then placed on the wound which serves as an ointment.

The DOH advises the parents to seek the help of medical health professionals in accredited local health centers or hospitals where there are adequate tools and equipment for circumcision. *“Operation Tuli”* services are launched to offer a free, safer and professionally-assisted program for Filipino boys.

Although circumcision via *“pukpok”* is still practiced, most parents today prefer their child to undergo the medical type over the traditional because it is done by a professional doctor using sterilized medical tools; thus, there is a very little risk of infection as well as being less painful with the anesthesia. There are also parents from rural areas who could not afford the fee so they wait for the free mass circumcision service every summer provided by government and socio-civic organizations.

## **SOCIAL PRESSURE AND MYTHS**

Circumcision became a solid trend for Filipino boys because of its widespread practice. For many, it is also a sign of manliness for braving the pain and taking full responsibility for the healing process.

*“Supot”* is a prominent label for boys who did not go through the ritual and is often used by peers for bullying. The social stigma, brought about by peer pressures as well as parental and medical pressure drives the boy to undergo the procedure.

For most adolescents, circumcision is something to be proud of and gives a sense of acceptance to peers. On the other side of the story, uncircumcised adolescents are made fun of and are embarrassed by peers.

Myths passed from generation to the next are still believed by the youngsters. The following are some of the superstitions that the Filipinos believe if they are not circumcised: They will not grow taller and healthier; they will become impotent and infertile; if they can bear children, the children will be sickly and weak; women become sexually repelled because an intact penis is dirty and not pleasing to see; they will not become better lovers as adults; and many other beliefs that are never proven scientifically.

*“Pangangamatis”* or *“nangamatis”* is another superstitious belief among Filipino men that when a woman sees a newly circumcised penis, he will undergo a slow healing process and the poor penis would swell like a ripe tomato. Boys should not worry about the swelling of the penis with reddish appearance because this might really occur during this period.

## **BENEFITS OUTWEIGH THE RISKS**

On the proponent side, circumcised men are less likely to develop urinary tract infections (UTIs), previous studies have suggested that uncircumcised boys have a higher risk of urinary tract infection

because bacteria may build up under the foreskin and enter the urinary tract.

The procedure can also lower the risk for penile cancer especially when it is done in earlier stage like newborn period or infancy. In men who are not circumcised, the foreskin can sometimes become tight and difficult to retract. This condition is known as phimosis. If this happens, smegma or the cheesy-like secretions underneath an intact foreskin can be accumulated and become smelly. Men with smegma or phimosis have an increased risk of penile cancer.

The guidelines on circumcision by the Centers for Disease Control and Prevention (US) point out that the procedure has been proven to prevent sexually transmitted infections such as HIV in men during heterosexual intercourse. It also reduces the risk of acquiring two common sexually transmitted infections- herpes simplex virus type 2, the cause of genital herpes, and human papilloma virus, which can cause cancer and genital warts. Uncircumcised males are prone to penile problems such as irritation, inflammation, and infection. Hygienically, it is a lot easier for circumcised males to keep the penis clean.

Although circumcision appears to have some health benefits, it also brings potential risks- as does any surgical procedure. A parental consent must be secured prior to the minor operation. The foreskin is a sensory organ that protects the head of the penis and is comprised of specialized nerves that are important to optimum sexual sensitivity. Some men feel much maimed, that the amount of sensation is significantly lost if the foreskin is removed. Men circumcised as adults reported a significant loss of sensitivity.

In addition, there are reported cases of circumcision causing post-traumatic stress disorder, psychological effects similar to the long-term effects of any other trauma. The adult symptoms of

circumcision- related trauma are shyness, anger, fear, powerlessness, distrust, low self-esteem,



relationship difficulties, and sexual shame.

### **IN THE NAME OF HYGIENE**

Among quite a number of factors, boys should get circumcised primarily for hygiene. If circumcised, there will be no accumulation of smegma between the glans penis and the foreskin. Improved hygiene is conceivably the major reason for circumcision and, for most, smegma is looked upon as unclean and infected with microorganisms. Moreover, the warm, moist space under the foreskin is a prime breeding ground for bacteria. This can harbor infections such as in sexually transmitted disease organisms and produce a offensive odor.

A person who prefers to stay uncircumcised requires a lifelong penile hygiene. Regular washing with soap and clean water is needed and keeping the penis dry to avoid the growth of bacteria. Otherwise, the intact uncut penis may have an adherent foreskin and experience phimosis which can lead to inflammation and pain.

Whether circumcised or not, regardless of belief and understanding, always make sure it is for the promotion of health towards the optimum well-being. Keeping the body clean is only a fraction but basic necessity of what it takes to be healthy. Therefore, “Tuli” or not “tuli?”-remains the question.

*(Photos grabbed from the internet)*



# Reiterating the Obvious: GRAPHIC HEALTH WARNINGS

*It was March 3, 2016; I was scrolling down and up on the news feed of my Facebook account while sitting on my squeaky wheeled-office-chair, waiting for 8 a.m. and start working, when suddenly, one gross photo caught my eyes: a picture of a mouth with cancer caused by smoking.*

*I whispered to myself:*

**Wow, sa wakas!  
Akala ko wala nang  
mangyayari rito!**

**Once an Impossible Law: Now Implemented!**



As state-party to the World Health Organization's Framework Convention on Tobacco Control (WHO-FCTC), the Philippines is obliged to inform every person of the health consequences of tobacco consumption and exposure to tobacco smoke.

In July 2014, Republic Act No. 10643 or the "Act to Effectively Instill Health Consciousness through Graphic Health Warnings on Tobacco Products" or the Graphic Health Warnings (GHW) Law was signed. It aims to protect and promote the right to health of the people and instill health consciousness among Filipinos.

In October 2014, the Department of Health (DOH) issued Administrative Order - 0037 which contains the Templates and Guidelines on the use of templates of the GHW. According to DOH, death, disease, and disability may result from tobacco consumption and exposure to tobacco smoke.

At least 240 Filipinos die every day, or approximately 87, 000 per year from tobacco-related diseases. Tobacco products and emission contain numerous toxic compounds and over seventy carcinogens, including carbon monoxide, arsenic, benzene, butane, formaldehyde, lead, toluene, and nicotine, among others.

Two years after the GHW law was signed, it's implementing rules and regulations were issued.

Beginning March 3, 2016, no tobacco product manufactured and imported in the country shall be distributed without the graphic health warnings. The only time for the cigarette packs to be still available in the market and small stores are until November 4, 2016. Starting this date, all tobacco products should carry GHWs. Noncompliant packages found in the market on display, for sale or distribution shall be subject to removal and/or confiscation.

The GHW shall be printed on 50% of the principal display surfaces of any tobacco product package; it shall occupy 50% of the front and 50% of the back panel of the packaging. The printing of the GHW shall be done without the use of any border, frame or any other design that will effectively lessen the size of the warning.

A maximum of 12 graphics designed by DOH will be rotated every 24 months for each brand and variant.

### ***Effectiveness of GHWs***

According to the Canadian Cancer Society's 2014 Cigarette Package Health Warnings International Status Report, health warnings on packages of tobacco products are a highly cost-effective means of health communication as it reaches every smoker (and consumers of other tobacco products) every day.

"Warnings are always working — 24 hours per day, 7 days per week. A pack a day smoker would take his or her pack out 20 times per day, 7300 times per year," the status report states.

Further, according to the International Tobacco Control Policy Evaluation Project, an international cohort study that surveys adult smokers in 19 countries, the evidence that graphic warnings can and do work is solid and extensive.

The research shows that (a) adult and youth smokers report that large, comprehensive warnings reduce smoking consumption, increase motivation to quit and increase the likelihood that they will remain abstinent following a quit attempt; (b) GHWs increase awareness of smoking harms and; (c) GHWs are also effective among the youth.





# ROTAVIRUS:

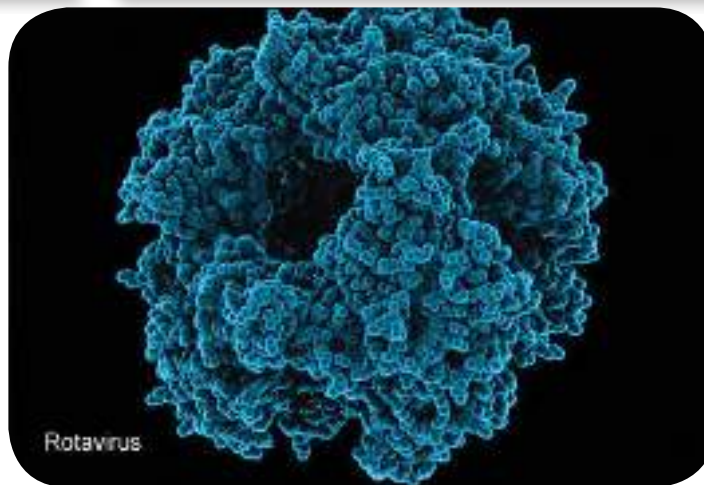
## NOT YOUR CHILD'S BESTFRIEND

**W**e may not always be with our kids all the time. But there is something that is always with our kids that cannot be seen by our naked eye and that is the Rotavirus.

The rotavirus is one of the leading causes of diarrheal deaths among children under five years of age in both developed and developing countries. According to records from the Department of Health's (DOH) Epidemiology Bureau (EB), around 500,000 to 600,000 children die annually due to rotavirus.

The rotavirus usually appears in the cold season, entering the body through the mouth (fecal-oral route) either from person-to-person or through contact with infected surfaces and objects such as toys and tabletops. Children under five years old are the most common victims of rotavirus. Once it infects the digestive system, the results are worrying and often times frightening. Kids with rotavirus infection commonly show symptoms such as fever, nausea, and vomiting, followed by abdominal cramps and frequent, watery diarrhea in 24-48 hours. Kids may also have cough and runny nose. As with all viruses, though, some rotavirus infections cause few or no symptoms, especially in adults.

Last March and April of this year, Zamboanga City had a severe rotavirus disease incident. The number of admitted diarrhea cases in their local hospitals was very alarming which involved 1,538 male and females, adults and children ages 5 years and below who showed symptoms of the infection such as diarrhea, vomiting, abdominal pain, nausea and fever.



According to data from the City Epidemiology Surveillance Unit of Zamboanga, nine (9) deaths were recorded during the outbreak which included a 63 year-old man.

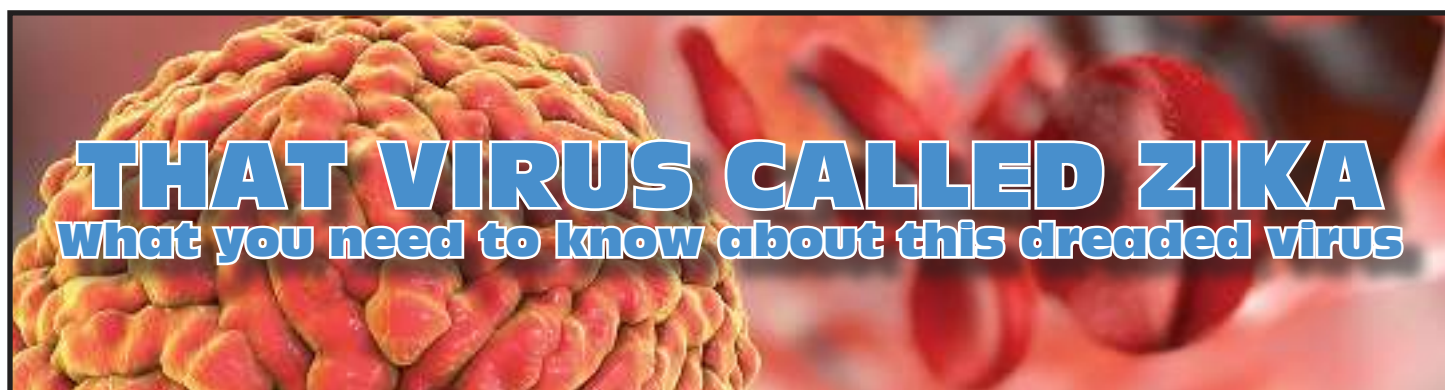
The Research Institute of Tropical Medicine (RITM) facilitated the laboratory testing of water samples and human specimens and reported the presence of the pathogens among the water and stool samples. DOH EB conducted an investigation and confirmed the incident. Several points of contaminations were identified such as their water refilling station-raw water and its container, deep wells and distribution water. Among the barangays with top cases of rotavirus outbreak were Sta. Catalina, Sta. Barbara, Zone 3, Divisoria, Calarian, Mampang, Guiwan, Tigtabong Island, Boalan and San Roque. To minimize and stop the outbreak, the Zamboanga City Health Office in coordination with their City Sanitation Unit and the DOH Disease Prevention and Control Bureau (DPCB) joined forces in the surveillance of their hospital and health centers. They also created the Safe Water Task Force and mobilized the Local Government Unit of Zamboanga City.

There are no anti-viral medications to treat the disease. If a child is infected, the best thing to do is to try to rehydrate the kids as much as possible. Usually this is harder to administer to smaller children which potentially lead to serious complications. A visit to the doctor is highly advised.

Some ways to help prevent the transmission of rotavirus is though proper handwashing. Breastfeeding on the other hand, can also provide natural protection but, even with these protections, almost all children are infected by age 5. Most effective method is to avoid the

infection. Make vaccine as your best defense. The World Health Organization recommends that the rotavirus vaccine be given to all babies. It is proven that those countries which have included this in their National Immunization Programme have significantly lower level of the said disease. Vaccines boost the body's natural defense system, allowing it to produce antibodies that can fight bacteria and viruses. Currently in the Philippines, CARAGA region is implementing this in their immunization routine.

Rotavirus is not your child's bestfriend, fight the disease. The earlier you take steps to protect your



**T**he Zika Virus has been linked to shattering birth defects, including microcephaly – a condition where a baby's head is smaller than those of other babies of the same age and sex due to incomplete brain development. But in rare cases, Zika has been associated with Guillain-Barré syndrome, a neurological type of complication which is the sudden weakening of muscles or paralysis that usually starts in the legs.

Pregnant women are vulnerable, and governments are struggling to fight the infected mosquito of the Aedes genus, mainly Aedes Aegypti in urban areas and Aedes Albopictus in rural areas that spread Zika and related viruses such as Dengue and Chikungunya. The illness is usually mild and self-limiting with symptoms lasting for 2-7 days.

Although the virus is mainly spread by mosquitoes, cases of sexual transmission and blood transfusion have been reported. It has been detected in blood, urine, amniotic fluids, semen, saliva as well as body fluids found in the brain and spinal cord.

While a vaccine is years away, the best protection is to avoid mosquito bites, use insect repellants, use window and door screens, mosquito nets, wear long-sleeved and long pants or permethrin-treated clothing that will protect the skin from mosquito bites. Once a week, empty and scrub, turn over, cover, or throw out items that hold water such as tires, vases, buckets, toys, planters and trash containers. Search and destroy the potential breeding sites in order to prevent the spread of Aedes mosquitoes that serve as a vector of the virus.





According to the Department of Health (DOH), the following are suspected cases of Zika infection and are subject for testing: a patient with fever that is equal or greater than 38°C with concurrent conjunctivitis, skin rash and any of the following signs and symptoms that cannot be explained by other medical conditions such as headache, muscle, joint pain, pain behind the eye or history of travel to an area reporting Zika cases or patient presenting as Guillain-Barré syndrome; a mother whose fetus, newborn or infant also developed abnormality in the size of the head due to incomplete brain development called microcephaly; and a fetus, newborn or infant whose mother had confirmed or presumed infection with Zika virus during pregnancy.

There could be a possible transmission during pregnancy and childbirth, although this has not been scientifically proven to date. Pregnant women are encouraged to consult health care providers to monitor their pregnancy. Currently, there is no evidence that the virus can be transmitted to babies through breast feeding although Zika virus has been detected in breast milk.

Microcephaly does not necessarily mean the mother is infected with Zika virus. There are many potential causes, but often remains unknown. The common causes of microcephaly include

infections in the womb: toxoplasmosis which is caused by a parasite found in cat feces, rubella, herpes, syphilis, cytomegalovirus and HIV; exposure to toxic chemicals: maternal exposure to heavy metals like arsenic and mercury, alcohol, radiation and smoking; genetic abnormalities such as down syndrome; and severe malnutrition during fetal life.



Substantial new research has strengthened the association between Zika virus and fetal malformations or neurological disorders. During the first outbreak of Zika from 2013-2014 in French Polynesia, national health authorities reported an unusual increase in Guillain-Barré syndrome. Between 2015- 2016, several countries and territories reported an increase in people with Guillain-Barré syndrome and/or laboratory confirmation of Zika virus infection among people with Guillain-Barré syndrome.

There could be a threat of Zika virus in the country because the mosquito carrying Zika is the same with Dengue, Chikungunya and Yellow Fever which are already existent.

The DOH still encourages people to travel but with extra care. Travelers should know the right information about Zika virus and other mosquito-borne diseases. If they happen to have fever after travelling, they need to seek medical attention immediately. However, pregnant women should be advised not to travel to areas with ongoing Zika virus transmission; pregnant women whose

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sexual partners live in or travel to areas with Zika virus transmission should ensure safer sexual practices or abstain from sex for the duration of their pregnancy.

Anybody can be at risk of getting infected by Zika. Extra caution in avoiding mosquito bites should be exercised if pregnant. If an individual has common symptoms that include fever, conjunctivitis, skin rash and other symptoms such as joint pain, muscle pain, headache, pain behind the eyes and vomiting should seek medical attention immediately to be tested for Zika virus infection.

People sick with Zika virus should get plenty of rest, drink enough fluids and treat pain and fever with common medicines. People with signs and symptoms of Zika virus infection should undergo diagnostic test (serology). If symptoms persist, they should seek medical care immediately at the nearest health facility.

The Research Institute for Tropical Medicine is capable of testing suspected cases of Zika virus through Real-Time Polymerase Chain Reaction. The test is also available in Vicente Sotto Memorial Medical Center- AFRIMS (Visayas) and Southern Philippines Medical Center (Mindanao).

According to the World Health Organization in the Zika situational report, as of May 2016 , 58 countries and territories report continuing mosquito-borne transmission of which 13 countries reported evidence of Zika virus transmission between 2007 and 2014, with ongoing transmission, including the Philippines. The country had its first reported case of Zika virus infection in 2012 in a 15-year old boy in Cebu who had no travel history.

Meanwhile, the DOH through the Epidemiology Bureau disseminates

strengthened guidelines on surveillance of Zika Virus Disease. DOH will now include Zika Virus under Category 1 Classification on the Philippine Integrated Disease Surveillance and Response system. This means that all suspected cases of Zika virus diseases shall be reported within 24 hours to the Epidemiology Bureau through the Regional Epidemiology Surveillance Units in the country.

The DOH advises the public to remember and use '4S' against Zika virus and other mosquito-borne diseases. The 4S means Search & destroy mosquito breeding places, use Self-protection measures, Seek early consultation for fever lasting more than 2 days, and Say yes to fogging when there is an impending outbreak.

"Let's go back to basics; we always say that prevention is better than cure. Prevention should start from our home. Make 4S a regular habit and participate in cleaning activities initiated in our community. We should not only remember the information being delivered by DOH to the communities. Instead, let us make it a practice and instill cleanliness in our surroundings. It is not only your family that will benefit from this habit, but the entire community as well." Health Secretary Janette P. Loreto-Garin concluded.





# THOSE LITTLE THINGS THAT CAUSE A BIG CURSE

**A**s a regular employee and a commuter, it was not new for me to see different unfortunate people (old and young beggars, amputated man, hydrocephalic, blind, etc.) on the streets and foot bridges. But one morning as I was in a hurry to board a jeepney, there was one man that really caught my attention. The man with an abnormal size of leg, one is so much bigger than the other that made me question myself: "Was he cursed?" I found out that it was elephantiasis based on the research I made as soon as I got in the office.

Lymphatic filariasis (LF), commonly known as elephantiasis, is a tropical disease. Infection occurs when those microscopic, thread-like worms or filarial parasites are transmitted to humans through mosquitoes.

The infection can be treated with drugs. However, chronic conditions may not be curable by anti-filarial drugs and may require other measures such as surgery, care of the skin, and exercise or having a lymphatic drainage, a special form of massage for the treatment of lymphedema or swelling that generally occurs in arms or legs.

## Mass Drug Administration

In order to interrupt transmission of LF in endemic countries, the Global Programme to Eliminate Lymphatic Filariasis launched by the World Health Organization (WHO) recommends the mass drug administration (MDA) of anti-filarial medicines to the entire population at risk for a sufficient period of time. This approach may be supplemented by selective treatment of infected individuals and vector control.

The objective of MDA is to reduce the level of microfilaraemia or the presence of microfilariae - an early stage in the life



Undersecretary of Health Vicente Y. Belizario, Jr. delivered a congratulatory message and challenged the province of Davao Oriental to maintain its disease-free status.



The Declaration Seal for Filariasis-free status was unveiled.



Plaques of recognition for the 11 municipalities of Davao Oriental, DepEd-Davao Oriental Division, and DepEd-Mati City Division.

cycle of certain parasitic worms in the blood of infected individual so that transmission cannot be sustained, even after MDA has been stopped. In this way, transmission is interrupted. The effectiveness of MDA in the blood is directly related to the proportion of the population that ingests the medicines every year.

### Age-Wise Dose Schedule of Diethylcarbamazin and Albendazole

The two anti-filarial medicines are the Albendazole and Diethylcarbamazine (DEC).

Age Group (years old)	No. of DEC Tablets (100 mg/tab)	No. of ALBENDAZOLE Tablets (400 mg/tab)
2-5	½	1
6-12	1	1
13-20	2	1
21 & above	2 ½	1

### Davao Oriental: A Filariasis-free Province

Last April 20, 2016 at the Provincial Capitol in Mati City, the province of Davao Oriental was officially declared filariasis-free by the Department of Health (DOH). During the awarding ceremony, on behalf of Health Secretary Dr. Janette P. Loreto-Garin, DOH Undersecretary Vicente Y. Belizario, Jr. lauded the Provincial Government led by Governor Corazon Malanyaon and the DOH Regional Office XI (DOH RO-XI) led by Regional Director Abdullah Dumama, Jr. for their untiring efforts in implementing the national disease prevention and control program for this mosquito borne disease.

The province received a Declaration Seal, plaques for all of the municipalities of Davao Oriental, and financial grant from DOH RO-XI for the Provincial Health Office worth P1,000,000 to sustain and monitor disease-free status according to DOH guidelines.



A total of P2,000,000 was awarded to the Provincial Health Office from national (for malaria) and regional (for filariasis) program funds. This incentive will finance on-going efforts to maintain disease-free status. (Left to right: Assistant Regional Director Anabelle Yumang, Provincial Health Officer Dr. Joy Sanico, Gov. Corazon Malanyaon, Usec. Vicente Y. Belizario, Jr., Regional Director Abdullah Dumama Jr., and DOH Division Chief for Infectious Diseases for Elimination Dr. Leda M. Hernandez)



Ceremonial signing of the Memorandum of Agreement between the DOH Regional Office XI and the Provincial Government of Davao Oriental signifying support for the continued mobilization activities of the local government unit to maintain filariasis-free status of the province. (First photo: Usec. Vicente Y. Belizario, Jr.; 2nd photo: Gov. Corazon Malanyaon and Regional Director Abdullah Dumama Jr.)

### MICROFILARIAE -

Microscopic larval stage of LF parasites that circulates in the blood and is transmitted by mosquitoes

### MICROFILARAEMIA -

Presence of microfilariae in the blood



# HUGOT NA HUGOT!



## Kape

Erms: Oy, day! Kape ka ng kape ah!

Elen: Oo nga eh! Nakailang kape na nga ako pero di pa rin ako magising sa katotohanang hindi niya ako kayang mahalin.

## Boom!

Jessica: Boomerang ka ba?

Jane: Bakit naman?

Jessica: Tinapon kana nga, bumabalik ka pa.

## Third Eye

Jun: Kung magkakaroon ka ng third eye, saan mo gustong nakalagay?

Neil: Sa puso po, para hindi ako mabulag sa pag-ibig na hindi totoo.

## Aircon

Loren: Uy, musta naman ang lovelife?

Jers: Eto, malamig.

Loren: Wow, a! Mukhang mas malamig pa ata ang relasyon n'yo kaysa sa aircon ng school natin ah.

## Tumama

Lyca: Aray!

Anne: Anyare sayo?

Lyca: Tumama yung hinliliit ko sa paa ng lamesa.

Anne: Naku, wala 'yan! Mas masakit pa rin 'yung tumama 'yung paningin niya sa iba!

## Taken

Orlie: Miss, taken na po 'yang table na 'yan.

Sab: Ay, sorry. Buti pa 'yung lamesa, taken. Samantalang ako ni minsan, hindi.

## Defense

Gerome: Hi babe! May defense nga pala kami mamaya

Mae: Buti pa 'yang thesis mo, nadedefend mo, samantalang ako hindi.

## Mahal

Joan: Mahal na mahal ko siya. Di ko kayang mawala siya.

Kim: Naku, girl! Mas mahal pa 'yung mga tinda sa coop kaysa sa pagmamahal niya sa'yo! Tigilan mo na 'yan!

## Langis

Edwin: Ang mahal pala ng langis ngayon, anak.

Kalvin: Oo nga dad, e. Buti pa ang langis kahit sobra sobra na ang pagmamahal hindi nasasaktan.

## Iwan

Arlane: Friend, mag- CR lang ako, a. Iwan ko gamit ko sa'yo.

Vicoy: So, parang ako lang itong gamit mo? Iniiwan.



# 'Freak-ly' PRICKLY HEAT

**S**till, yet sweating –Even we're just walking our dog out, or cooking our meals, preparing to school/work or even right after we take our bath; we never get rid of too much perspiration because of the hot temperature. Even a simple activity is almost equivalent to the sweat we could get from an extensive exercise. Work, then wipe, and work then wipe again; it is very irritating that this has to be in between of our chores. But what we should be bothering about aside from this is the fact that it could lead to more 'freaking' predicament.

Aside from vacation and getaways, summer is also linked to various kinds of diseases. One of those is the itchy problem of sweaty persons, heat rash or prickly heat.

In medical terms, prickly heat is known as Miliaria; a rash that develops in some people when they sweat more than usual because of hot or humid weather. It is not usually serious, but it can be uncomfortable and scratchy.

Prickly heat can develop anywhere on the body, but it usually appears on our face, neck, back, chest or thighs few days after exposure to hot temperatures.

The condition is caused when the body's sweat glands become blocked. We have thousands of sweat glands that lie just under the skin surface which make sweat that travels down the sweat duct to the skin surface. If the sweat duct is blocked, the sweat seeps into the nearby skin.

The trapped sweat causes skin irritation and the characteristic heat rash. The symptoms of prickly heat are usually worse in areas that are covered by clothing because it can make you sweat more

and sometimes causes friction.

Excessive sweating can result in sweat becoming trapped beneath our skin. Also, a germ (bacterium) called *Staphylococcus* may play a role. This bacterium makes a sticky substance and combined with excess sweat and dead skin cells which may cause the blockage.



The following activities may also increase the risk of having prickly heat:

- Long periods of time spent in bed can make you sweat more, particularly if you have warm bedding
- Wearing too much clothing
- Being overweight or obese – which is more likely to lead to excessive sweating
- Babies and children are also more at risk of getting prickly heat because their sweat glands aren't fully developed

Miliaria may come into three (3) different types which vary depending on the affected area:

Miliaria Crystallina (Clear)

The blockage of the sweat ducts is close to the surface of the skin. The rash is like tiny clear spots

that appear in crops and tend to disappear within a few hours or days.

### **MILIARIA RUBRA (RED)**

This is the common type and the one most people would identify as prickly heat/heat rash. It is caused when the blockage of the sweat ducts occurs at a deeper part of the outer layer of the skin (the epidermis). They occur mostly where there is friction with clothes. The rash may occur within days of coming into a hot climate.

### **MILIARIA PROFUNDA (DEEP)**

This is uncommon. It is caused when the blockage of the sweat ducts occurs at the level of the middle layer of the skin (the dermis). This typically occurs in people who live in a hot climate who have had repeated episodes of miliaria rubra.

In most cases the rash will clear without any treatment and usually disappears after a few days. However, severe cases can last for several weeks. One or more of the following may help to treat and prevent Miliaria from developing:

Avoid heat and humidity that causes further sweating. Even if this is possible for just a few hours each day it can make a big difference (few hours of staying in an air-conditioned room in a day). A cool bath or shower can also be soothing and help to avoid sweating. Some take frequent cool showers to avoid developing the rash.

Wear loose cotton clothing or clothing that has breathable fabric.

Calamine lotion and other simple creams may cool and soothe the skin. This may have a drying effect, however, and we may then need to use a moisturising cream afterwards.

Some people feel that moisturising creams that contain anhydrous lanolin help to prevent blockage of the sweat ducts. If you are prone to developing Miliaria then it may be worth a try. Apply some to your skin before activities that make you sweat.

Using an antibacterial soap or antiseptic wash may help to keep the number of germs on your skin down. This may reduce the risk of developing Miliaria.

If you feel generally unwell, you may be developing heat exhaustion or heatstroke. If this occurs, seek medical attention.

## **MYTH AND FACT**

**MYTH:** You can never have prickly heat during cold seasons



**FACT:** It is also possible to get prickly heat in the cold season. However, wearing too much clothing can also make you sweat and induce a rash.

**MYTH:** Treat heat rash by using prickly heat powders widely sold in the market



**FACT:** Prickly heat powders and body sprays give instant relief. Though they have a great role in absorbing the excess sweat and keeping infections away, they don't constitute the main line of treatment.

**MYTH:** Certain food stuffs like mango exaggerate the heat rash



**FACT:** There is no scientific reason supporting this. Eat them without fear!

# HOW HEAT STROKE HITS



One of the biggest weather hazards that affect our country during the summer is heat. Many people do not realize how deadly heat can be. In contrast to the visible, destructive, and violent nature of floods and tornadoes, heat is called as a “silent killer”.

Our body disperses heat by changing the rate of blood circulation, by losing water through the skin and sweat glands, and by gasping. When the body is exposed to heat, the heart begins to pump more blood, blood vessels dilate to accommodate the increased flow, and the bundles of tiny capillaries threading through the upper layers of skin closer to the skin’s surface, and excess heat drains off into the cooler atmosphere.

The skin handles about 90 percent of the body’s heat disintegrating function. Water diffuses through the skin as perspiration. Sweating, by itself, does nothing to cool the body, unless the water is removed by evaporation.

The evaporation process works this way: the heat energy required to evaporate the sweat is extracted from the body, thus cooling it. The heart is pumping a lot of blood through dilated circulatory vessels; the sweat glands are pouring liquid, including essential chemicals, like sodium and chloride onto the surface of the skin. But there are several factors that obstruct this bodily process causing serious heat disorders like heat stroke.

The relative humidity (moisture of the atmosphere) has a playing role to the cooling process of the body or evaporation. If the atmospheric moisture is high, the perspiration rate of the body decreases making it feel hotter. People merely misread that the main factor that makes them feel burning is because of the increased air temperature alone. But it actually comes with different associating variables. The air temperature has to be combined to the relative humidity to get the heat index.

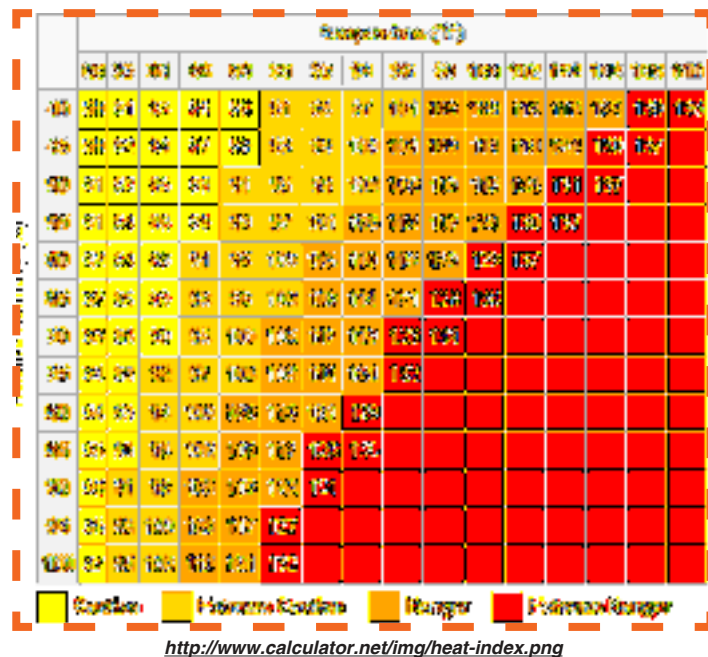
The heat index or apparent temperature is what the temperature feels like to the human body. As the air temperature and relative humidity increase, the heat index also increases causing the decrease of the body’s ability to shed heat and may lead to heat stroke.

Inability of the circulatory changes and sweating, or a chemical (salt) imbalance caused by too much sweating are also factors of heat stroke. When heat gain exceeds the level the body can remove, or when the body cannot compensate for the fluids and salt lost through sweating (dehydration), the temperature of the body’s inner core begins to rise.

The person who has overexposed or over-



exercised for his or her age and physical condition in the existing thermal environment may extend the severity of having heat stroke.



From heat cramps to heat exhaustion, if not attentively noticed, heat stroke will perhaps ensue. If the body fails to recover from heat exhaustion, heat stroke will manifest with an increased body temperature of 104 to 105 degree Fahrenheit (41°C), flushed skin, faintness, dizziness and weakness. Heartbeat rate is rapid, convulsion and unconsciousness.

If a person is showing symptoms of heat stroke, the following are the proper method to handle them:

- Move the person to a shady spot or indoors
- Have him/her lie down with legs elevated
- If able to drink liquids, have him/her sip cool water
- Remove clothing, apply cool water to the skin, and fan the person
- Apply ice packs to the armpits, wrists, ankles and groin

After instituting emergency measures, it is best to bring the patient to the nearest hospital. Remember that heat stroke is a medical emergency.

## COOLING DOWN THE HEAT MYTH (Preventing Heat Stroke)

Because of energizing power of sugar, many people think that sugary drinks are better on preventing risk from heat stroke. But these actually raise blood sugar levels and increase body temperature. Drink water instead; avoid soda, coffee, tea and even alcohol. You might want to drink sports drinks that provide electrolytes and minerals.

Heat stroke DOES NOT only occur in hotter climates. Extreme physical activity is also one of the greatest causes. Schedule heavy-duty activities for the beginning or end of the day, when it's cooler. Also medical history, genetics, age, alcohol consumption and drug use are factors causing heat stroke.

Heat stroke signs are NOT always apparent. Some symptoms are not perceivable by other person. Being mentally compromised can prevent victims from figuring out that they're in danger. Observe your loved ones if they're behaving strangely and disoriented.

Eating spicy foods has no deep connection to the reduction of risk of heat stroke. Spicy food prompts sweating and lowers body temperature. With proper hydration, people can enjoy all the spicy food they want.



# BABY FACTORY: TO FURNISH NOT TO DEMOLISH!

Men and women in whites. Shouting. Fighting for something.



These are just some of the protests of some of the nurses, doctors, and some people who were once became patients of the Dr. Jose Fabella Memorial Hospital Medical Center on the rumors that the hospital is going to be demolished or going to be privatized as it would go under modernization and would be transferred tentatively in May 2017, inside the Department of Health compound.

## THE REAL DEAL

To answer the persistent issue, the Health Secretary Janette Loreto P. Garin and the Fabella hospital director Dr. Esmeraldo Ilem constantly made it clear to the public that the hospital will not be demolished. No employees will neither be terminated nor displaced.

It is just that the so-called “baby factory” has been in operation for 65 years already, accommodates about a hundred mothers on a daily basis, while around 1,000 obstetrical and gynecological in-patients share the hospital’s 700-bed capacity.

The 109-year building which houses the hospital used to be part of the Bilibid prison. It is currently located within the 8.42-hectare Old Bilibid

Compound in Sta Cruz, Manila. Also, in 2007, the compound was sold to Home Guaranty Corporation under former president Gloria Macapagal Arroyo. “Every now and then, you see people complaining that is congested. It’s called the baby factory. You see mothers and babies lying down beside each other. It is shameful to say that we love our mothers and children yet we deprive them of quality healthcare during birth,” Secretary Garin clarified in an online interview.

On the issue that it is going to be privatized which will lead to inaccessibility of poor and indigent patients who depend on public healthcare, Secretary Garin explained that she terminated the public-private partnership (PPP) proposal of the Japan International Cooperation Agency because it required pooling the laboratory or the diagnostic centers of the tri-medical complex – San Lazaro, Jose Reyes, and Fabella hospitals – to the private sector.

“The difference between a modernization and PPP, in a modernization project, you improve the facilities and hire more employees. In PPP, you let the private sectors invest. Once you let them invest, there is no free lunch. When they invest, their intention will always be to earn profit. They will pass that on to the patient,” Health Secretary added.

She also assured that if the PPP happens she would also one of those who will question that certain move.

# ASTHMA: a struggle during summer

**C**an you taste the saltiness in the air? Are you dreaming that you're basking under the scourging heat of the sun? Or dilly-dallying in the pristine beach along the glistening white sand shoreline?

Yes, it smells like beach, because it's already summer! Many of us think of summer as the perfect time to unwind and enjoy the outdoors, especially for those students who are busy cramming for their final exams and reports for the end of the school year because they know that after the sacrifice, a much-anticipated vacation finally begins.

But, for those people who have asthma, summer means something not that exciting and even life-threatening. As the days of summer arrives, they are dealing with sneezing, wheezing (whistling sound that occurs during breathing when the airways are narrowed or inflamed), and coughing.



## What is asthma?

Why is that so? According to the World Health Organization (WHO), "asthma is a chronic disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person." Symptoms may occur several times in a day or week in affected individuals, and, for some people become worse during physical activity, at night or during hot, humid air like the summer breeze.

As a tropical country like the Philippines, the hot and humid air especially during summer makes us difficult to breathe, it also makes us sweat more and may lead to dehydration and increases one's body temperature and breathing rate.

Moreover, the warm and moist environment is also an ideal environment for the proliferation of molds and dust mites that might irritate the airway and lead to inflammation that triggers asthma attacks.

During an asthma attack, the lining of the bronchial tubes swells, causing the airways to narrow and reducing the flow of air into and out of the lungs. This causes sleeplessness, daytime fatigue, reduce activity and even lead you to absent from school and work.

Nevertheless, the fundamental causes of asthma are still not completely understood, but the combination of genetic predisposition and environmental exposure to allergic-causing particles such as indoor allergens, for example, house dust mites in bedding, carpets and stuffed furniture and pet dander (dead skin cells and hair), outdoor allergens (such as pollens and molds),



tobacco smoke, chemical irritants in the workplace and air pollution, especially here in Metro Manila.



### **How to manage asthma?**

Management of asthma according to WHO includes short-term medications which are used to relieve symptoms. People with persistent symptoms must take long-term medication daily to control the underlying inflammation and prevent symptoms and exacerbations.

Medication is not the only way to control asthma. As mentioned above, it is also important to avoid asthma triggers. Each asthma patient must learn what triggers he or she should avoid.

In conclusion, having asthma is not a death sentence. Although it is not curable, appropriate management can control the disease and enable people to enjoy good quality of life, especially during summer.

### **How do we know that air is polluted and how to monitor air pollution?**

It is a fact that Metro Manila has the worst air pollution, the reason may be linked to its being the most densely populated and most urbanized region and the center of commercial hub in our country.

According to the Department of Environment and Natural Resources' Environmental Management Bureau (DENR-EMB), Metro Manila's air quality

exceed the annual National Ambient Air Quality Guideline Value while PM<sub>2.5</sub> levels have exceeded the WHO annual and daily guideline values.

"The worsening air quality in the Metro makes it more difficult for people with asthma to commute and even simply to breath because they're exposed to various pollutants and aside from having a respiratory disease, they have a high chance of developing cardiovascular illnesses," experts say. Citing from the book of Air Quality in Metro Manila, Philippines, there are several steps being done in managing air quality. Some of these are setting emission standards for mobile and stationary sources, anti-smoke belching campaigns, and phasing out of leaded gasoline. However, much still needs to be done. Some of these are the establishment of PM<sub>2.5</sub> guideline values.

According to Engineer Rene Timbang, Supervising Health Program Officer of the Department of Health and one of the authors of the study on Measuring Secondhand Smoke (SHS) exposure in public places in Manila (2010), there is a device called TSI SidePak AM510 Personal Aerosol Monitor that measures particulate matter (PM) found in the air.

PM as defined in the study is the term for particles found in the air, including dust, dirt, soot, liquid droplet and tobacco smoke. Particles can be suspended in the air for long periods of time. Some particles are large or dark enough to be seen as soot or smoke. Others are so small that individually they can only be detected with an electron microscope. Particles less than 10 micrometers in diameter (PM<sub>10</sub>) pose a health concern because they can be inhaled into and accumulate in the respiratory system. Particles less than 2.5 micrometers in diameter (PM<sub>2.5</sub>) are referred to as fine particles and are believed to pose the greatest health risks. Because of their small size (approximately 1/30th the average width

of a human hair), fine particles can lodge deeply into the lungs. Long-term exposure to PM2.5 can result to respiratory diseases, cardiovascular diseases and lung cancer.

“The device is very helpful in measuring the air quality however, it is not widely used and readily available to the public,” Engr. Timbang said. “If it is only possible for people with asthma to avoid people who smoke, especially at home, they should advise their family members who smoke to either quit or go outside whenever they smoke, use smoke-free way of cooking, and use lead-free paints at home, and properly store chemicals and solvents so that it will not evaporate, avoid using sprays and pesticides to avoid possible inhalation of vapor,” he concluded.

According to Dr. Carmela Kasala, president of Philippine Society of Allergy, Asthma and Immunology Inc. (PSAAI), fundamental cause of asthma is still unknown, however, other predisposing factors include genetic history, with personal or first-degree relative who is asthmatic, allergic rhinitis, eczema, weight, and smoking history.

Moreover, the strongest risk factors for developing asthma are a combination of genetic predisposition and environmental exposure to inhaled substances and particles that may provoke allergic reactions or irritate the airways.

Other triggers include cold air, extreme emotional arousal such as anger or fear, and physical exercise. Even certain medications can trigger asthma: aspirin and other non-steroid anti-inflammatory drugs, and beta-blockers (which are used to treat high blood pressure, heart conditions, and migraine).

Indeed with these existing factors, it will not be surprising if there is an increase in prevalence of

people with asthma.

According to the most recent comprehensive analyses of the Global Burden of Disease Study (GBD) used in the Global Asthma Report 2014 suggests that as many as 334 million people are asthmatic.

Furthermore, in the Philippines, one in 10 Filipinos or about 11 million are suffering from asthma, according to a report from the Philippine College of Chest Physicians (PCCP) and the Philippine Society of Allergy, Asthma and Immunology Inc. (PSAAI). The alarming part is that 98 percent of Filipino asthma patients remain uncontrolled or are only partly controlled.

According to an expert from PCCP, some patients with asthma take medications when they only experience attacks, and as long as they feel well, they think that they don't need to consult the doctor. They also tend to self-medicate and even just google online to get limited information because they underestimate their condition thus leads to poor asthma control. Cost of treatment is another main reason why there is poor compliance among asthmatic patients thus contribute to the increasing prevalence of asthma.





**D**ogs are considered to be a man's bestfriend. They seem to look very sweet and adorable. They patiently wait for their owner and provide companionship. But what if things go wrong and suddenly they bite you? Their rabies can kill you.



The Department of Health (DOH) states that around 300 to 600 Filipinos die of rabies every year. The Philippines ranks among the highest in the world in terms of rabies prevalence. More than half of the victims are children between 5 and 14 years old especially in the month of March since it is vacation and summer time. Kids were all around running and playing while the hot temperature affects the condition of our animals such as dogs and cats. They got irritated easily.

According to the World Health Organization (WHO), rabies kills about 60,000 people every

year worldwide. 95% of deaths occur in Asia and Africa. Most rabies cases in these regions are due to dog bites while in the continents of Europe, Australia, and the Americas, the source of rabies is through bat attacks.

Rabies is a lethal disease oftentimes transmitted to its victim through wild animals' saliva and rabid dogs. Rabies is caused by lyssavirus infection entering through the wounds after some bites from an infected animal. Once a person is infected by rabies it causes an acute inflammation of the brain.

Rabies is scary and deadly. Once a person is exposed to the virus, the symptoms usually appear 2 to 12 weeks after the transmission of the virus into your body. It starts out with flu-like symptoms, and then followed by extreme unexplainable violent movements, uncontrolled excitement, partial paralysis, and confusion followed by a loss of consciousness. Another major symptom associated with rabies is hydrophobia, or fear of water. This refers to a set of symptoms in which the victim has difficulty swallowing and shows panic when presented liquids to drink, and therefore cannot quench their thirst. Saliva production is greatly increased and attempts to drink may cause excruciatingly painful spasms of the throat and larynx muscles. Once these symptoms are present, even with administration



of proper medical care the chance of survival from rabies infection is very rare and usually resulted to death in 2 to 10 days.



Meanwhile dog bites on the head, neck and shoulder areas pose as said to be high-risk cases because the rabies can immediately spread to the brain. Bites in lower extremities are less dangerous yet still visit to the hospital is a must.

Rabies is incurable and yet preventable, If you think you've been exposed to the rabies virus, do not waste time and have a treatment within 10 days of infection to prevent the disease from appearing. Washing of wound as soon as possible with soap and water for about ten minutes has proven to be extremely effective in reducing the number of viral particles. After exposure, go to a hospital for safe measure.

A dog might seem friendly but make a reservation of touching it because it might be irritable at times especially to a stranger. Rowena, a regular employee had recently bitten by their house dog. She was just passing on their gate when suddenly her dog attacked her. Though shocked from the incident, she still managed to move away and washed her wound with soap and water. She then went to San Lazaro Hospital for her rabies shots. San Lazaro Hospital in Sta. Cruz, Manila is known for its stock of anti-rabies vaccine. Rowena had

completed the 4 dozes of anti-rabies shots which have scheduled by her doctor. She now at least has peace of mind that after the incident and the procedures she have undergone, she's now rabies-free.

In the Philippines, by virtue of Executive Order (EO) 58, March is declared as Rabies Awareness Month. Department of Health (DOH) in collaboration with the Department of Agriculture (DA), Philippine Health Insurance Corporation (PhilHealth) and the local government of Marikina City led the celebration of Rabies Awareness Month with the theme, "End Rabies, Now Na!". Several activities were conducted such as free anti-rabies vaccination, mass castration and spray, information education campaign, launching of free-pre-exposure prophylaxis and Philhealth's Animal Bite Treatment Package (ABTP). ABTP aims to support the National Rabies Prevention and Control program by defraying the cost of post-exposure prophylaxis (PEP) which is P3,000 per case, and treatment of animal bite patients who are Philhealth beneficiaries.

DOH is always active in the effort to the goal of eliminating human rabies cases in the country and to its commitment in the declaration of a rabies-free Philippines by 2022.



# WITH TWO HANDS (HANDS-ONLY CPR), YOU CAN SAVE LIVES!

**S**uddenly there was an excruciating pain, my heart feels like it's about to burst into the open space. Then everything turns to a blur, I hear the falling crescendo of people's voices around me, calling my name, then there was a deafening silence...

Just minutes after coming out from the exhibition game at the Ynares Center in Pasig City, on the evening of November of 2014, an unconscious Avelino Borromeo Lim, Jr., more popularly known as Samboy "The Skywalker" Lim, was rushed to the hospital after collapsing. He was then admitted initially to the Intensive Care Unit, later in the intermediate care unit, where he eventually slipped into a coma.

In an interview with Bogs Adornado, Samboy's coach, he mentioned that Samboy showed no signs that there was something wrong with him before he collapsed; he was actually in high spirits.

Mr. Adornado was also asked if Samboy was given cardiopulmonary resuscitation (CPR) while lying unconscious. He answered that, unfortunately, there was no CPR administered. It was not given because they hurriedly carried him to the hospital. They tried to wake him, but it was futile.

The first few seconds of administering CPR, or even minutes, makes a big difference in saving the life of a person. According to Dr. Francis Lavapie, Philippine Heart Association's (PHA) council chairman on CPR, there is a zero to two percent chance of survival if CPR is given 10 minutes after the cardiac arrest, while administering it in

the window period of four to six minutes has a 20 percent to 30 percent chance of survival.

Last April 25, 2016, the Department of Health (DOH), together with PHA and other partners, launched the nationwide mass training on CPR during the flag ceremony held at the DOH Convention Hall. It was spearheaded by Dr. Gloria Balboa, Director IV of the Health Emergency Management Bureau (HEMB).



The theme of the said event was "Save a Life, Learn CPR" and was participated in by the DOH Executive Committee members led by Secretary Janette P. Loreto-Garin, the different bureaus, and offices, and hospitals of the DOH.

The purpose of the activity was to promote awareness and basic knowledge on Hands-Only CPR to every Filipino. The activity was also apt for the DOH health employees as the part of its *Kalusugang Pangkalahatan* goal that its employees are equipped with knowledge and skills on CPR.

Likewise, it was the DOH's way of participating in the effort of the PHA and PHA-CPR Council to attain the Guinness World Record for the largest

number of people given Hands-only CPR training at a given time (4 hours) on multiple venues. Even though the activity was not able to get the world record, it served more as an experience to all how to administer the hands-only CPR. It also made the participants realize its importance and the need to disseminate the knowledge and skills not only to the medical people but to the laymen as well.

Recently, former Pampanga congressman and Rain or Shine coach, Joseller “Yeng” Guiao authored the “Samboy Lim” Bill. Mr. Guiao battled for its passage on first reading. It was finally passed into a law: The Basic Life Support Training in Schools Act or Republic Act No. 10871, which mandates the provision of basic life support training in public and private schools.

Section 3 of the Act specifically mandates that “all public and private basic education schools operating nationwide to provide their students with basic life support training through the use of psychomotor training in an age-appropriate manner.” This will allow graduates from the K-12 system to be knowledgeable in CPR and basic life support. The next step the PHA will do is the deliberation of the Implementing Rules and Regulations, before they start training teachers.

CPR training in school is nothing new in many countries, according to Dr. Francis Lavapie, PHA’s council chairman on CPR. “So, it’s high time for the Philippines to have this newly signed law implemented, to make lifesavers out of the youth by making CPR training part of the basic education curriculum,” he concluded.

### **What is Hands-Only CPR?**

As previously mentioned, part of the advocacies by PHA-CPR Council is to campaign for Hands-Only CPR for lay people or bystanders. This is an effort to reduce barriers to the performance of CPR by a bystander during an out of hospital cardiac arrest.

According to American Heart Association, Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see an adult suddenly collapse in the “out-of-hospital” setting.

Citing the PHA-CPR Council guidelines, if you witness a cardiac arrest, for example: a person drops dead or loses consciousness.



Do the three things first:

#### **1. Check area safety**

Survey the scene and see if the scene is safe to do CPR.

Get an idea of what happened

#### **2. Check unresponsiveness**

Tap or gently shake the victim.

Rescuer shouts “Are you OK?”

If the victim is unconscious, rescuer calls for help.

#### **3. Call for help: ambulance, emergency services, or the doctor**

Rescuer activates the emergency medical services (EMS).

After determining unconsciousness and calling for help, proceed to Hands-only CPR and immediately do chest compressions:

a. Give chest compression at 100 per minute.



- 
- 
- b. Compress breastbone at least 2 inches deep
  - c. Compress at rate of 100 per minute or more and allow the chest to return to its normal position

Remember...

- Compress continuously with both hands
- Push hard and fast!
- At least 2 inches deep
- Rate of 100 per minute or more (That means faster than 1 per second)
- Continue chest compressions until...
- Defibrillator arrives
- Medical healthcare providers take over care of the victim
- You are too tired to continue compressions
- Person is revived

If trained in CPR, provide either conventional CPR using a 30:2 compression-to-ventilation ratio or hands-only CPR.

Professional rescuers and healthcare providers should provide conventional CPR (chest compression with ventilations) for cardiac arrest victims.

Hands-only CPR should only be used for adult victims who have suddenly collapsed or become unresponsive.

Derived from Berg RA et al, Circulation. 2010; 122:S685–S705

According to the PHA data, the 2005 basic life support guidelines states that the basic CPR consists of repetitive cycles of chest compression and ventilation in a 30:2 ratio. The said guidelines also give great emphasis to performance of high quality chest compressions with minimal interruptions.

Citing American Heart Association's Advisory Statement on Hands-only CPR, it was suggested



that untrained and trained bystanders who are not confident that they can perform conventional CPR who see an adult collapse in the out-of-hospital setting is encourage to use Hands-Only CPR because doing the conventional CPR take much longer to start, and may result in a faster time and lead to delivery of a greater number of chest compressions with fewer interruptions for the first several minutes after cardiac arrest.

It is also noted that trained bystanders who are confident that they can perform conventional (consisting of the usual chest compression and mouth to mouth ventilation) CPR can do so or they can perform Hands-Only CPR.

In 2008, the American Heart Association (AHA) Emergency Cardiovascular Care Committee issued a science advisory with a call to action for bystander response during out of hospital cardiac arrest (Sayre et al, Circulation 2008; 117:1-6). This was based on a body of scientific data from animal and human clinical studies as well as the committee's drive to reduce barriers to and increase rates of bystander CPR.

The Class I is a recommendation given to victims with cardiac arrest with at least high-quality chest compressions with minimal interruptions, the trained or untrained bystanders should at a



minimum activate their community emergency medical system and provide high-quality chest compressions, minimizing interruptions.

Furthermore, the Class IIA recommendation is given if a bystander was not trained in CPR, then he or she should do hands-only CPR and continue this until an automated external defibrillator arrives and is ready for use or until medical assistance is available to take over care of the victim.

Nevertheless, the Committee encourages the public to obtain a comprehensive training in CPR to learn the basic skills needed in the management of cardiovascular emergencies. In addition, it acknowledges that some cardiac arrest victims such as pediatric victims, victims of drowning, trauma, airway obstruction, acute respiratory diseases, and apnea may benefit from the conventional CPR technique.

The basis for chest compressions only CPR is the assumption that at the time of a sudden cardiac arrest or collapse, the adult victim would have probably been breathing normally and that his or her lungs and blood would still have a fresh supply of oxygen that can last for at least a few minutes even if breathing stops. Furthermore, the oxygen requirement of a person in cardiac arrest is low during the first few minutes after collapse.

AHA as mentioned, believes that Hands-only CPR will simplify training for most lay responders, decrease bystander reluctance to perform CPR, and broaden the reach of CPR training. Hopefully, this will decrease the time to initiation of CPR in cardiac arrests outside the hospital, result in the delivery of greater number of chest compressions with fewer interruptions, and ultimately improve cardiac arrest survival rates.

This will give the rescuer a good chance to help his or her loved one. Giving Filipinos the skills to intervene rather than remain passive, you can remain to be an ignorant bystanders who waits for the arrival of a well-trained medical personnel, or you can be can be that CPR-ready guy or gal who can literally spell the difference between life and death.

It was in the news that Samboy could have been saved from serious condition if only those around him knew how to administer the proper CPR. Samboy's brain was deprived of oxygen for at least 23 minutes before he was taken to a hospital. According to the doctor who attended to Lim, if he had been given CPR during the three-minute window period, the damage to his body would have been minimized.

Fortunately, after losing his consciousness, Samboy Lim has snapped out of his comatose state. According to his family members, he shows improvement and already has the usual sleep-wake pattern, smiles, and seems aware of his condition.

His experience reminds the people that cardiac arrest can happen to anyone, and can even happen to physically fit people like the great athlete Samboy. Undeniably, it shows the great importance of knowing how to do CPR or the Hands-only CPR, that with two hands, you can save lives!

# UNDERSTANDING HEMOPHILIA

**B**asketball, football and biking are just few activities which kids enjoy. The bumps, falls and scrapes that they can get from those activities are just temporary but not for kids with a disorder called Hemophilia. For them, it is a condition that is life-threatening.

Hemophilia, or spelled also as haemophilia, is an inherited (passed on from parent to child) bleeding disorder where the blood doesn't clot normally. Our bodies have 13 clotting factors that work together to clot blood. They were named using Roman numerals from I through XIII, or 1 through 13.

Clotting helps stop bleeding after a cut or injury. But it is entirely different for a person with this genetic disorder. When a hemophiliac is injured, his blood doesn't clot easily. It takes longer time to heal. They bleed more extensively or more quickly than

normal people do.

Some of its symptoms include blood in stool, blood in urine, bruising, heavy or prolonged menstrual periods, and nosebleed. A person with hemophilia also experiences swollen joint and the presence of deep bruises most especially in the knees, ankles, and elbows.

According to Philippine Hemophilia Foundation Inc., Philippines already have an estimated 9,000 to 10, 000 people who are affected with hemophilia. What is sad about this case is that Hemophilia is a lifelong condition with no cure, only by a liver transplant. Treatment also includes injections of a clotting factor or plasma.

According to University of Maryland Medical Center in United States of America Hemophilia is an inherited disorder that mostly affects men. Women rarely have the disease, but they are carriers of the condition and can pass it on to male children. About 30% of patients with hemophilia have no family history of the disease, and it seems to occur as a result of spontaneous mutations. Hemophilia affects people from all ethnic groups.





The daughters of men with hemophilia will be carriers. However, even if hemophilia runs in the family, only about half of the sons of carriers will have hemophilia.

Andrea Echavez, who belongs to a family of bleeders, her sisters, brother and nephews suffer from a bleeding disorder called Von Willbrand Disease. Her daughter inherited the same disorder too. Andrea was 16

years old when her mom died of bleeding while having biopsy. It was a very sad experience for her to lose her mom at a young age. These painful experience moved her to have her own blog called "For the Love of Star" and created the group Hemophilia Advocates Philippines.

It is an advocacy group that has been in the forefront of raising awareness on hemophilia and other bleeding disorders. It is a community which empowers and gives support online to their hemophiliac members and family suffering from the same condition. The group is also active in assisting patients in availing of

free factors, the medicines that stops bleeding in people with hemophilia and bleeding disorders.

It truly breaks the heart of a parent seeing their child living differently from other normal child. But with the help and support of their group members they are able to gain strength, accept easily the condition of their child and learn how to live with it in light.

In the lifetime of a child, socialization is a major part of their life. Kids with hemophilia can still participate in activities, though they might have to take on a different role. For example, hemophilia might prevent kids from participating in active contact sports, but do not isolate them. They can still be part of the team or play but with minor movements such as the scorekeeper or assistant manager. Swimming, hiking and other low-impact sports are also good options for kids with hemophilia. They may have a disorder but still they deserve a normal kind of life.



For more details on Hemophilia Advocates Philippines you may reach Andrea Echavez at 09331517762 or email them at [hemophilia.advocates@gmail.com](mailto:hemophilia.advocates@gmail.com).



Andrea visits the Hemophilia Treatment Center of Nevada, which has an ongoing "twinning program" with the Philippine Children's Medical Center.



Andrea with fellow "women bleeders" Kim Chew (left) and Fionn Kho (right) of the Hemophilia Society of Malaysia Women's Group.



Andrea joins the Hemophilia Walk in Oakland, California last April 30 organized by the Hemophilia Foundation of Northern California and the National Hemophilia Foundation.



**A**s the rainy season starts, it's not only the flood and heavy rain that we should be preparing for but the diseases that come after the rain. During these times, cases of mosquito-borne diseases increase like malaria, dengue, yellow fever and this includes also Japanese Encephalitis (JE).

JE is an arthropod-borne disease affecting the central nervous system caused by the group B arbovirus (flavivirus). Domestic pigs and various wild wading birds represent the natural reservoir of this virus, which is transmitted to new animal hosts and occasionally humans by a bite of *Culex* mosquito.

Most Japanese Encephalitis Virus (JEV) infections are asymptomatic. Severe disease is estimated to occur in about 1 case per 250 JEV infections. Symptoms usually develop within 5-15 days which include fever, headache, vomiting, confusion, and difficulty moving. If severely infected, the disease may rapidly progress to severe encephalitis with mental disturbances, general or focal neurological abnormalities and progressive decline in consciousness, swelling around the brain to comatose. JE is a serious disease that may cause disability and more so, death.

Case-fatality in clinical cases is estimated to be around 20%–30%, with young children 10 years and below having a greater risk of severe disease and a higher case-fatality rate.

**Source: WHO, Field Report, June 14-16 2016**

Japanese encephalitis virus is the leading cause of viral encephalitis in Asia and occurs in almost all Asian countries. Transmission occurs principally in rural agricultural locations particularly in the rice field where flooding irrigation is practiced. It is believed to be endemic in the Philippines but little is known of the epidemiology and geographic distribution of this disease in the country.

Recently, there have been reported positive cases of JE in Region III last January to May of this year. Region III is identified to be one of the most populated regions in the country. World Health Organization (WHO) is assisting the Department of Health (DOH) in investigating the rise of JE cases through hospital and community visits in the provinces of Nueva Ecija, Pampanga and Bulacan.

The national laboratory initiated testing of referred cases in 2009 and surveillance for acute





During the WHO and DOH field visit at Region III.

encephalitis syndrome (AES) with laboratory confirmation of a subset of cases was established in 2011. From 2011 to 2014, there were 1,032 cases of suspected JE. Of 497 cases with specimens tested, 73 (15%) had laboratory-confirmed JE. Their findings confirm that JE has an extensive geographic distribution in the Philippines.

**Source: DOH, Epidemiology Bureau, as of Mar. 3, 2016**

In areas at risk, Japanese encephalitis is primarily a disease of children. Most commonly affected by the virus are normally children 10 years old and below.

Sadly, the JE vaccine is not yet available in the country. Hence, health promotion on personal protection

and vector control needs to be strengthened in the community. JE prevention can be hinged on the more popular health campaign for dengue, while placing emphasis on the differences in prevention measures against *Aedes* and *Culex* mosquitoes.



*Culex* Mosquitoes and domestic pigs are identified sources of JE Virus.

**Let's protect our kids from JE.  
Keep our environment clean  
and mosquito-free.**



# AT LAST, A DENGUE VACCINE!

**D**engue is a known mosquito-borne viral infection. It is a disease found mostly in tropical and sub-climates worldwide. In the Philippines, it is often located in urban and semi-urban areas. The infection causes a flu-like illness, and occasionally develops into a potentially lethal complication called severe dengue. To date, there is no specific treatment for dengue and severe dengue, but early detection and access to proper medical care can lower fatality rates. Prevention through a vaccine is one of the tools that can be considered in avoiding the dengue virus.



The first dengue vaccine available in the market is called Dengvaxia, which was developed by Sanofi Pasteur. It is a vaccine used to help protect an adult and a child against dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. Dengvaxia Multi-dose is given to adults, adolescents and children nine (9) through 45 years of age living in endemic areas. This vaccine works by stimulating the body's natural defenses (immune system). After the vaccination, the body produces its own antibodies against dengue virus. Currently, it is the only vaccine already proven to be effective against Dengue. It was first registered in Mexico in December 2015, followed by the Philippines in the same month.

Amidst the speculations and misconceptions about the vaccine, the World Health Organization (WHO) Strategic Advisory Group of Experts (SAGE) on Immunization issued recommendations on the use of the first licensed dengue vaccine last April 15, 2016. SAGE recommends the vaccine to be considered as an integrated strategy to the countries where dengue is highly prevalent.



This vaccine was able to reduce dengue cases in 2 out of 3 participants in the studies conducted on the efficacy of the vaccine. Also, it was able to prevent 9 out of 10 cases of severe dengue and 8 out of 10 hospitalizations.

It is recommended to be given in three sets of injection doses on every six months. However, the Department of Health (DOH) will prioritize in giving the vaccine to 9 years old. According to studies, risks of hospitalization for dengue were 0.84 (95% confidence interval [CI], 0.56 to 1.24) among all participants, 1.58 (95% CI, 0.83 to 3.02) among those under the age of 9 years, and 0.50 (95% CI, 0.29 to 0.86) among those 9 years of age or



older. It means relative risk of 1.58 among less than 9 years old is not protective and relative risk of 0.5 among 9 years old and above is protective. Therefore, there is an increased risk for severe dengue in the lower age groups, thus it is not recommended among 0-8 years old.

The initial roll out was done at the top three regions with the highest number of dengue cases namely NCR, Region III, and Region IV-A. According to a report on suspected dengue cases by region that was conducted last January 1-December 31, 2015, 50% of cases came from the said three highly urbanized regions; Region III (17.6%), Region IV-A (17.3%) and NCR (12.6). The Department of Health launched the first ever Dengue School Based Immunization on the said three regions, believing that this will help reduce the dengue cases on those areas.

The vaccine was given for free to the Grade IV students aged 9 years old and older enrolled in all public elementary schools for the school year 2015-2016 of the said regions. The project was incorporated with the existing program of the DOH, the School Based Immunization. The implementation of this project brought by the Department of Health with the Department of

Education and Department of Interior and Local Government is in April-June 2016.

The launching was participated and joined by the different partner agencies. The launching in Region III was done in Zambales and was attended by the very special guest, the President of the Republic of the Philippines, His Excellency Benigno Aquino III.



The event was a successful one. This only shows the first ever Dengue School Based Immunization in the country won't stop here. It will be expanded later on until dengue is no longer prevalent in the country.



# PHYSICAL ACTIVITIES VS DIABETES



Some of the Larong Pinoy para sa Kalusugan participants together with the Undersecretary of Health Dr. Vicente Y. Belizario (4th from the left on the 2nd row) together with the National Professional Officer of WHO Dr. John Juliard Go (3rd from the left on the 2nd row), and Lifestyle Related Disease Division Chief of DOH Dr. Elizabeth Caluag (3rd from the left on the 1st row).

**D**id you ever ask yourself when was the last time you went to a gym or to the nearest sports complex nearest to your house for a jog? Or when was the last time you use the exercise equipment you bought online? Or when was the last time you sweat out for you to be physically healthy?

Procrastination and “ningas kugon” are not new for us humans especially in achieving and maintaining the body figure we always dream for. And not everyone is aware that aside from it is hereditary and eating too many sweets, physical inactivity is one of the risk factors of diabetes.

It is also undeniable that Filipinos have that extreme love for food with rice as

the nation’s basic food. We are fond of holding celebrations at fiestas, baptisms, weddings, and different holidays in which food indulgence is a crucial part. We also have the best fatty, risky exotic foods such as lechon, sisig, street foods, liver and other organ meat, the best condiments such as bagoong, patis and other menu. Also, we have the best and sweetest native delicacies and cakes - puto, palitaw, biko, and bibingka, among many others. The Philippines is also one of the most free countries where people are allowed to indulge in

vices such as alcohols and cigarettes which are practically available in every nook and corner of a town and even at the most rural areas of the country. Under these premises, it is no wonder that the number of diabetics in the country will





soar in the next years to come.

## THREATENING NUMBERS

Every 10 seconds, one person dies due to diabetes-related complications. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure. More than half of all deaths from diabetes result from cardiovascular disease, including heart attack and stroke.

Each year, almost four million deaths are attributable to diabetes. An even greater number die from cardiovascular disease made worse by diabetes-related lipid disorders and hypertension.

A 2008 survey alarmingly concluded that one out of every five Filipinos have diabetes. That means that around 20% of the population have diabetes and this has significantly increased from 4% in 1998.

Another cause for alarm is that Filipinos diagnosed





with diabetes are getting younger. Children as young as five years old have been diagnosed with Type 2 diabetes. With this trend, the Philippines is expected to belong in the top 10 countries with the most people with diabetes in the next few years.

### **How physical activity can help in the prevention of diabetes?**

Physical activity and keeping a healthy weight can help in the prevention of diabetes. Physical activity helps the blood glucose or the blood sugar stay in the target range.

Physical activity also helps the hormone insulin absorb glucose into all the body's cells, including the muscles, for energy. Muscles use glucose better than fat does. Building and using muscle through physical activity can help prevent high blood glucose. If the body does not make enough insulin, or if the insulin does not work the way it should, the body's cells do not use glucose. The blood glucose levels then get too high, causing diabetes.

Starting a physical activity program can help in losing and maintaining a healthy weight that will keep the blood glucose levels on target. Even without reaching a healthy weight, just a 10 or 15 pound weight loss makes a difference in reducing the risk of diabetes problems.

### **World Health Day**

Every 7th of April of each year, World Health Day is celebrated to mark the anniversary of the founding of World Health Organization (WHO) in 1948. Each year, a theme is selected to highlight a priority area of public health concern in the world. And for this year, the theme is beating diabetes.

The WHO and the Department of Health (DOH) spearheaded the event in partnership with the DOH-National Capital Region, Marikina City Health Office, Novo Nordisk, Khalsa Aid Philippine Indian Sikh temple of Marikina City, PHAPCares Foundation, and Institute for Diabetes Foundation entitled Larong Pinoy para sa Kalusugan among four barangays of Marikina City with 72 youth participants.



# WORLD TUBERCULOSIS DAY COMMEMORATION 2016

Each year, the global community commemorates the World TB Day to pay tribute not just on the discovery of the TB bacilli, but to remember those who had been afflicted by this disease and acknowledge people, partners and relevant organizations who contributed for improvement and attainment of the targets of TB control program.

The country enjoins this event annually as an opportune time to raise public awareness that TB remains to be a public health concern. The WHO's global theme for 2016 is "Unite to End TB" which aims to end the global TB epidemic as one of the foci of the UN Sustainable Development Goals (SDGs). In this year's WTBD commemoration, the DOH adapted the national theme "End TB: SAMA - SAMANG Hanapin, Gamutin, at Pagalingin LAHAT", with the main thrust of identifying all cases of TB, have them started on treatment, and ensure their cure thus, putting an end to the disease.

For the past several years, the Philippine Coalition Against Tuberculosis (PhilCAT) in collaboration with the DOH-NTP, has been instrumental as the organizing partner in the annual commemoration of WTBD in the country. The WTBD has been alternately conducted yearly in

the National Capital Region (NCR) and the provinces. For this year, the venue was in Bayanihan Hall, UNILAB Compound, Mandaluyong held on March 31, 2016.

Prior to the main program, a Eucharistic mass was celebrated followed by a festive mood of the parade of colors of various partners and agencies involved in TB control implementation. Nearly hundreds of TB advocates from local government units, other government agencies, non-government organizations, medical and pharmaceutical professions, academe, public and private TB care facilities, and patient support group jointly commemorated the said event to show their



Undersecretary Vicente Belizario Jr. delivers his keynote speech during the World TB Day Commemoration in UNILAB Compound, Mandaluyong City. (Photo credit to PhilCAT).



unwavering commitment and dedication for this cause.

Dr. Jose Hesron Morfe, Chairman of PhilCAT, commenced the annual event and expressed his appreciation to all participants with his welcome remarks. The main feature of the event was the Dub-smash competition which was participated in by several PMDT treatment facilities and other groups. A total of six (6) entries entered the said competition.

The panel of judges were composed of Dr. Anna Marie Celina Garfin, NTP Manager, Dr. Jose Hesron Morfe of PhilCAT, Dr. Eva Irene U. Maglonzo of Philippine Association of Family Physician (PAFP), Mr. Arnyl Araneta of Philippine Business for Social Progress (PBSP), and Mr. Eric Africa of UNILAB.

The entry from Valenzuela Medical Center was declared as the grand champion for the Dub-smash competition. Unihealth Paranaque Hospital & Medical Center and Philippine Tuberculosis Society, Inc. were the 1<sup>st</sup> and 2<sup>nd</sup> runners-up respectively.



Another instrumental figure who graced the said event was Dr. Vicente Belizario Jr, Undersecretary of Health of the Office for Technical Services, who delivered his keynote speech. Introduction of the keynote speaker was done by Dr. Rosalind Vianzon, Division Chief of Disease Prevention and Control Bureau. Dr. Belizario commended PhilCAT as an outstanding organization worth emulating and emphasized the strengthening and sustaining the partnership established by DOH with the private sector and other government agencies.

This World TB Day, the call is for a national effort to find, treat and cure the missing cases and accelerate progress towards zero TB deaths, infections, suffering

### Feels

Jerry: Feel na feel ko na talaga 'yung summer!

Jols: Buti ka pa, pards! Bakit ano meron?

Jerry: Lumalakas na putok mo, e!

### Application

Romy: Boss, mag-a-apply po ako.

Eric: Mag-a-apply ka? E bakit naka-trunks at shades ka? Anong posisyon?

Romy: Summer job po.

### Ligaw

Maico: Tita, gusto ko pong ligawan ang anak ninyo.

Ayesa: Huwag muna ngayon, nasa summer class pa s'ya.

Maico: Sige po, pagdating na lang po niyang bahay mamaya.

## AMOY ARAW!

### Tuli

Noel: Anak, saan ka ba pupunta? Bakit suot mo ang short ko?

Russel: Papatuli ako 'tay! Masakit po ba 'yun?

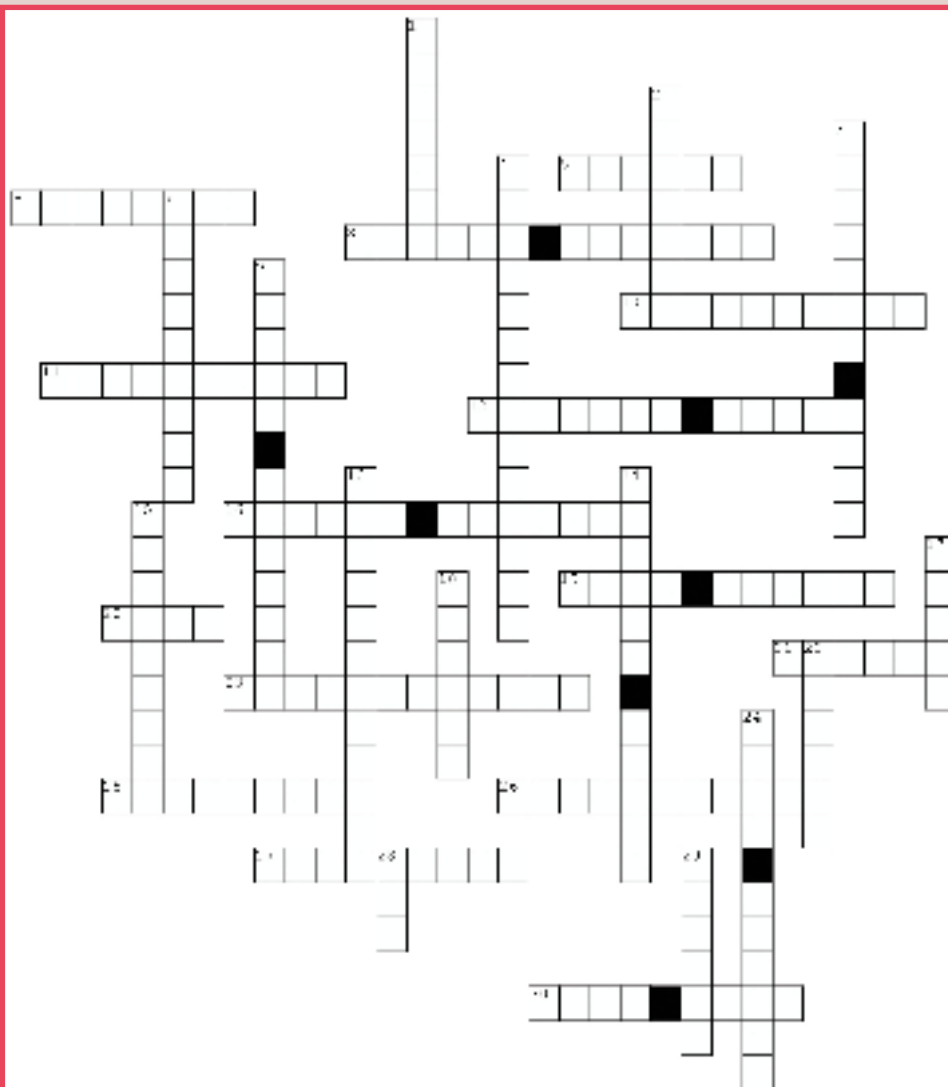
Noel: Hindi ko pa alam, kasi hindi ko pa nararanasan 'yan, tanong ka sa tito mo.

### Operasyon

Oca: Kapag hindi nagtagumpay ang operasyon ko bukas, ikaw na bahala sa mga anak natin. Mahal na mahal kital!

Delia: Tigil-tigilan mo ako, al! Wala pang namamatay sa tuli!

## PUZZLE TO DAZZLE!



### Horizontal

- 5. Borne-viral infection, pandemic
- 6. Irritating bites, ectoparasites
- 8. Attending eucharistic celebration
- 10. Life threatening, bleeding disorder
- 11. Young, developing from a child into adult
- 12. 'Agenda ni Juana', celebration
- 16. Dengvaxia, Sanofi Pasteur
- 19. Silent killer, raising heart rate
- 20. Guillain-Barré syndrome, mainly spread by mosquitoes
- 21. Breathing, lungs
- 23. For young boys, beginning of their adulthood
- 25. Virus, causes diarrhea
- 26. Drug, filariasis
- 27. SPF30, skin protection
- 30. Eye infection, irritation

### Vertical

- 1. Lockjaw, bacterial infection
- 2. Sanitation, disinfection
- 3. Miliaria, a rash
- 4. Bacteria, causes the blockage
- 7. Erectile dysfunction, neurological
- 9. Yellow fever mosquito, female mosquito
- 13. Serious infection disease, affects the lungs
- 14. Holy Week, starts on Palm Sunday
- 15. Traditional Filipino game, popular
- 17. Durian capital, popular city in the Philippines
- 18. Fatal, infects the brain
- 22. Season, Hot temperature
- 24. Preparation, prevent foodborne illness
- 28. Emergency procedure, out of hospital
- 29. Allergy, flower





# ZIKA VIRUS

## TRAVEL ADVISORY

When travelling to or coming from countries with Zika cases, take the necessary self-protection measures.

Observe the following signs and symptoms for 2-7 days:



Fever



Red Eyes



Joint pain  
and swelling



Skin rash

If you have **SKIN RASH** and any of the above mentioned signs and symptoms consult your nearest public health authorities at your destination. Kindly fill out properly the Health Declaration Checklist (yellow form). Complete information and status of health condition



**DOH Hotline: (02) 711-1001 to 02**