

## LABORATORY SERVICES and REPORTING :

### I. LABORATORY

#### IMPORTANCE :

- Determines etiology of **STD**
- Provide information on the nature and magnitude of the problem in a particular setting.
- Availability and selection of an appropriate test on examination is very important.

#### PASIG CITY HEALTH DEPARTMENT- SOCIAL HYGIENE CLINIC LABORATORY SERVICES:

##### Secondary Health Care Level

##### Laboratory Examination Services :

- Gram Stain
- Wet mount
- KOH
- RPR Testing
- HIV Antibody Testing
- PAP'S Smear ( refer to Rival Medical Center or Private Institute)
- Chlamydia (soon)
- Culture (soon)

### I. GRAM STAINING

#### Specimen :

- Urethral discharge
  - Cervical discharge
- 
- use to determine type of infection (MPC)
  - Identification of Pus Cells ( +1,+2, +3,+4), Gram (+) bacilli, Gram (-) bacilli
  - Presence of **Gram (-) Diplococci Intracellular ( Neisseria gonorrhoea)**
  - Presence of **Clue Cells ( Bacterial vaginosis)**
  - Presence of **Budding Cells and Pseudohyphae (Candidiasis or Monilial infection )**

II. CULTURE ( soon to be available )

**CRITERIA :**

- 5 patient a day ( random sampling)
- Symptomatic female CSW
- Symptomatic female non-CSW ( housewife, career woman etc.)
- All male symptomatic

III. CHLAMYDIA TEST ( Soon to be available)

IV. WET MOUNT

- for the detection of **Trichomonas vaginalis**  
Clinical Significance : **Trichomoniasis**

V. 10% KOH (Potassium Hydroxide)

- for the detection of **Pseudohyphae** or **Budding Cells**  
Clinical Significance : **Monilial Infection or Vaginal Candidiasis**

## SEROLOGY

### TEST FOR SYPHILIS

#### A. Non-Treponemal Test

##### RPR (Rapid Plasma Reagin)

Span – Brand name

- non-specific test
- screening test only
- rapid test

##### RESULT :

NON-REACTIVE – report

REACTIVE – repeat in duplicate

#### B. Treponemal pallidum Test

##### TPPA ( Treponema pallidum Particle Agglutination)

- Specific test for Treponema pallidum
- Confirmatory test
- Remain (+) for life

#### C. Quantitative Test

- get the titer based on the highest dilution
- institute treatment
- follow-up treatment ( after 2 months repeat RPR test)
  - if titer decrease into four folds = treated
  - if not, = repeat after 4 months, then after 6 months, then after 1 year until the titer decrease into 4 folds.

## **HIV ANTIBODY TESTING**

### **HIV-SPOT TEST**

- for the detection of HIV antibody
- rapid test

### **PROCEDURE FOR HIV ANTIBODY TESTING**

- Written consent from the patient
- Pre-counselling
- Blood extraction
- Release of result ( strict confidentially)
- Post-counselling (Non-reactive or Reactive result)
- Reactive results refer to San Lazaro Hospital, DOH

## II. REPORTING:

### MONTHLY :

- FHSIS (DHO II, Syndromic Approach)
- AIDS Unit
- SACCL

### QUARTERLY :

- DHO II
- AIDS Unit
- SACCL

### ANNUALLY :

- DHO II
- AIDS Unit
- SACCL

## PRE-COUNSELLING

### I. WHAT IS HIV ANTIBODY TESTING ?

- Blood test that will tell us whether a person is infected with HIV (virus that causes AIDS).
- Detect HIV Antibody  
Antibodies produced by a person who is infected with HIV.
- HIV antibodies do not appear immediately after infection.  
( 2 weeks –6months for develop antibodies)

### II. WHAT DO THE HIV ANTIBODY TEST RESULT MEAN ?

#### NON-REACTIVE

- HIV antibodies were not detected  
2 REASONS
  - He/she not been infected with HIV or
  - May have already the virus and could already infect anyone  
BUT still in the window period.

#### REACTIVE

- You have been infected with HIV  
(virus is in his/her body and could transmit virus to others)

### III. WHAT IS HIV INFECTION ? WHAT IS AIDS ?

#### HIV Infection :

- Is the successful entry if HIV in the body.
- HIV weakens the body defense mechanism against disease and infection.

#### AIDS

- Acquired Immune Deficiency Syndrom  
A disease that destroy the body's ability to fight infections
- People with AIDS are susceptible to life threatening diseases.

#### IV. HIV IS FOUND MAINLY IN :

- Blood and blood products
- Semen
- Cervical and vaginal secretions
- Breast milk

#### V. HOW HIV IS TRANSMITTED ?

- Unprotected sexual intercourse
- Receiving infected blood and blood products in a transfusion or organ transplant
- Sharing of contaminated or unsterile syringes and needles among IV drug users
- From HIV (+) mother to her baby, during pregnancies, delivery and breast feeding

#### VI. WHAT CAN YOU DO TO PROTECT YOURSELF FROM GETTING INFECTED WITH HIV AIDS ?

- Abstain from sex
- Maintain a mutual monogamous relationship
- Practice safer sex –safer sex is any kind of sexual activity that prevents an exchange of body fluids such as blood, semen and vaginal secretions. Safer sex practices includes hugging, kissing and correct and consistent use of condom
- Make sure that blood and blood products for transfusion are properly screened
- Do not share or use contaminated or unsterile syringes, needles and other skin piercing instruments
- See a doctor or health worker for other sexually transmitted diseases as soon as possible.

## **ASSESSMENT:**

### **QUESTIONS :**

- Have you had more than one sexual partners for the past ten years ?
- Have you had unprotected sexual activities (vaginal, anal, oral) ?
- Have you received blood transfusion where the blood was not screened for HIV ?
- Were you an organ transplant recipient where the organ or tissue was not screened prior to the transplant ?
- Have you been exposed to blood and blood products in the practice of your profession (occupational exposure) ?
- Have you had any STD?

**If you have answered yes to any of the above questions, you should consider taking the test.**

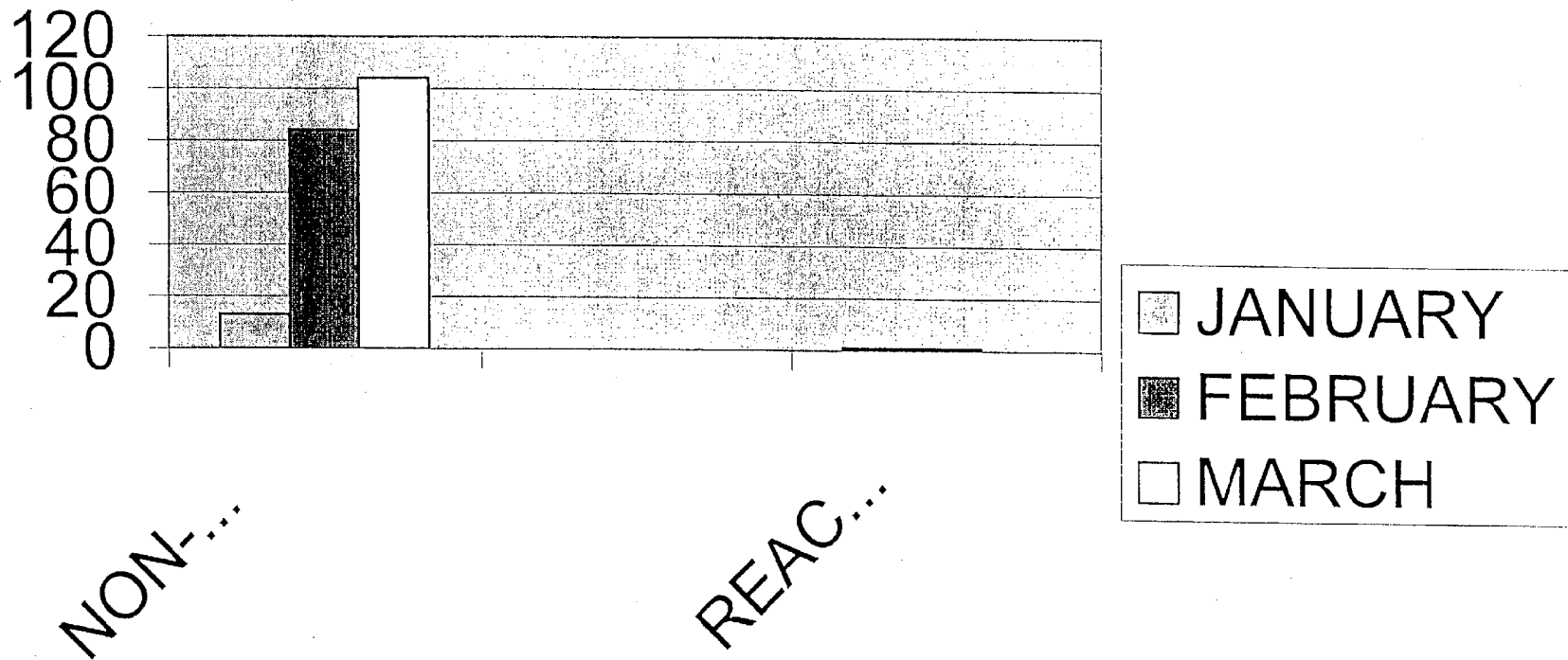


**Informed Consent**

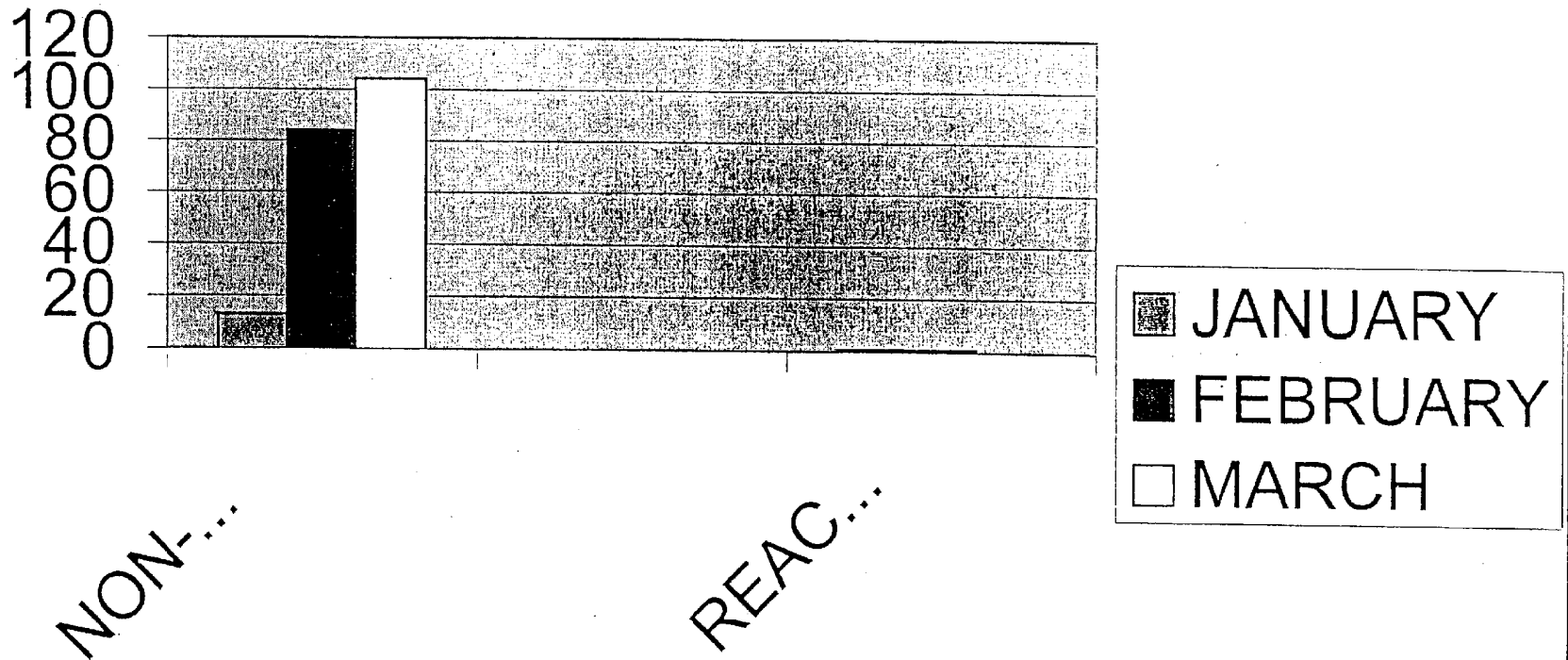
I have understood the meaning of HIV Antibody Test and the implications of taking one, I hereby consent to have my blood tested for HIV Antibodies provided that whatever the result may be, my having taken the test be kept confidential.

\_\_\_\_\_  
Signature

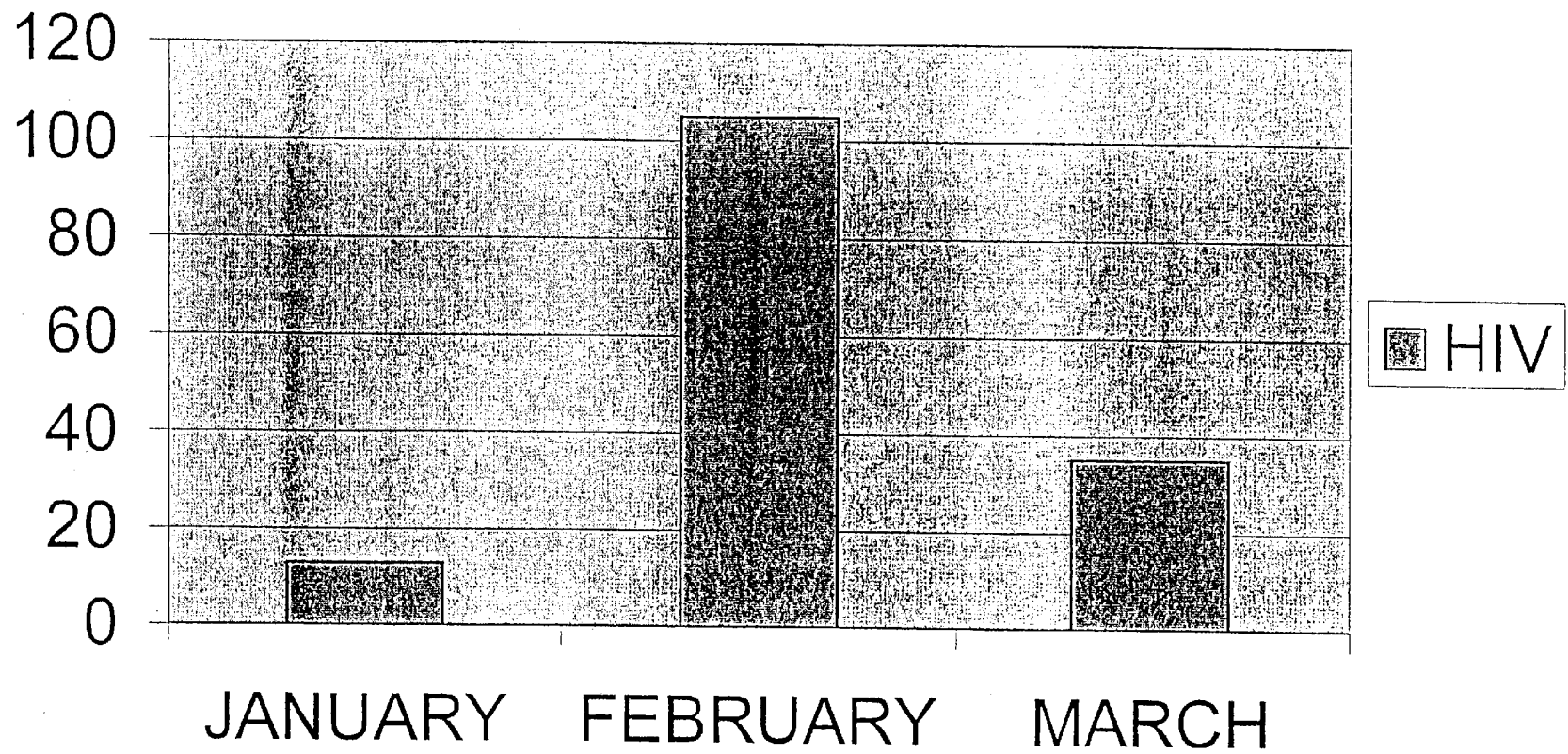
# NO.OF RPR TEST TESTED FOR 1ST Q 1998



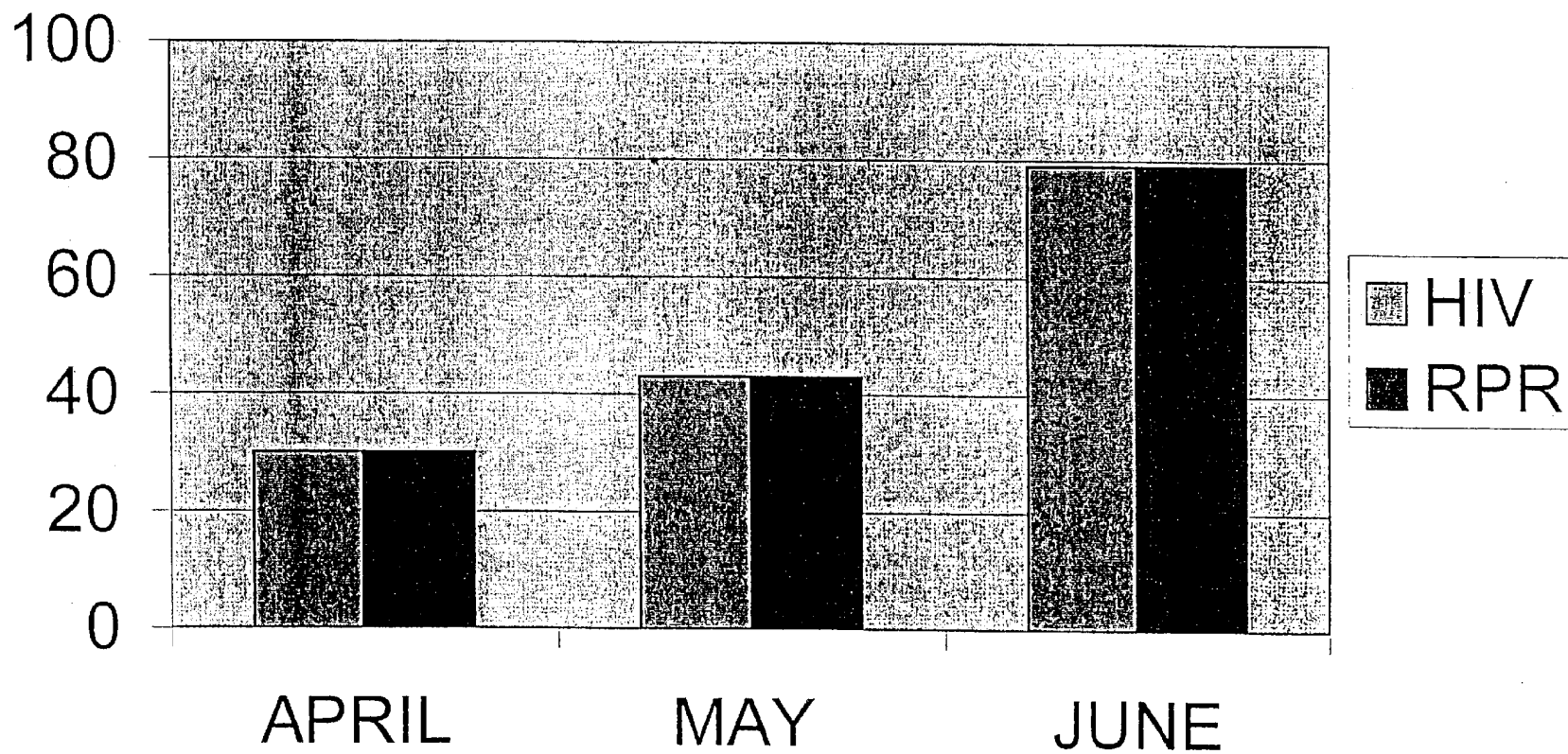
# NO.OF RPR TEST TESTED FOR 1ST Q 1998



# NO. OF HIV ANTIBODY TEST TESTED FOR 1ST Q 1998



# NO. OF HIV AND RPR TEST TESTED FOR 2ND Q FOR 1998



# VD- EXAMINATION

## A. SPECIMEN COLLECTION: URETHRA, VAGINA

**WOMEN: ENDOCERVICAL CANAL ( 1-2 cm )**

Best site to culture

Urethra

Vagina ( posterior vaginal vault )

**MEN: URETHRA**

## B. PAPANICOLAO SMEAR ( PAP'SMEAR )

**SITES :** Endocervical canal  
Posterior vaginal vault  
Vaginal wall

**NOTE:** Referral System

Private Institution

Government e.g. Rizal Medical Center

## C. OUTREACH ( Monday And Friday )

### POINTS TO CONSIDER IN COLLECTING SPECIMEN

- Change gloves between patients
- No use of lubrication, just tap water to moisten the speculum
- Move cotton swab in a rotary motion, (10 to 30 seconds)  
To permit absorption of exudate.
- Roll specimen from urethral and cervix over proximal and distal ends.

# CONTACT TRACING

Is a process whereby the health provider interviews the patient, locates the names individual and ensures this individual is examined and treated.

## **TYPES :**

### **1. FORMAL**

**Objective :** Reduce disease transmission before he/she establishes further sexual contacts.

#### **INTERVIEW PATIENTS**

- Name
- Address
- Age
- Occupation
- Contact Relation
- Past Medical History
- Allergy
- Laboratory Result
- Disposition
  
- Name of Contact
- Address
- Age
- Occupation
- Height
- Hair
- Race
- Marital Status

**NOTE :** Trained Social Hygiene Clinic Personnel

## 2. SIMPLIFIED

### Partner Notification :

- Patient actively involved in disease control, identify, locate & assure examination of sexual partner.

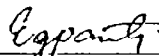
Ex:

Date: September 21, 1998

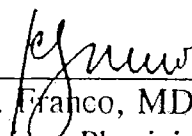
TO: IMPULSE  
THE MANAGEMENT

Please be advised Miss Cherry Gomez to report at Pasig City Health Department - Social Hygiene Clinic tomorrow, September 22, 1998 ( Tuesday ), at 9 : 00 AM.

For strict compliance.

  
Elvira G. Panti RN.  
Social Hygiene Nurse

Attested by :

  
Jocelyn C. Franco, MD., FPSVI  
Social Hygiene Physician

- Disease transmission & Incubation
- Complications
- Importance of appropriate treatment
- Assymptomatic
- No sexual contact until sex partner obtain medical check-up
- Plan of Action



## **IMPORTANCE OF CONTACT TRACING**

1. Prevent disease transmission through proper examination & prompt treatment of patient.
2. It can bring a significant proportion of infected individuals to treatment at lower cost.
3. Contact should be counselled & examined.

### **TYPES OF CONTACT :**

1. Primary
2. Secondary

### **DO'S & DON'TS:**

1. Don't be reluctant to talk about sex.
2. State questions in a positive manner.
3. Don't be surprised or show disgust upon the patients response.
4. Keep an open mind.
5. Always get a general data of the patient / client.
6. Observe strict confidentiality.
7. Ensure a conducive room for interview.
8. Get the sexual history of the patient contact.

# COUNSELLING

- Is one person helping another
- Helping decide for himself/herself

## **Counsellor must be :**

- Show the client that he/she cares
- Give correct information to client in return will have trust & confidence
- Assurance to let client come back if problems occur anytime

## **CHARACTERISTICS OF EFFECTIVE COUNSELLING :**

- Confidentiality
- Non Judgemental
- Non Directive
- Process Oriented

## **ESSENTIALS OF EFFECTIVE COUNSELLING :**

- Establish Rapport
- Demonstrate Empathy
- Sincerity
- Non verbal communication

## COUNSELLING

### PROCESS OF COUNCELLING :

STAGE	PURPOSE	SKILLS
1. INITIATING	<ul style="list-style-type: none"> <li>- Relationship building</li> <li>- Acceptance of the individuals to share the nature of dilemna, show respect.</li> <li>- Appreciating the personal significance of the dilemna, convey empathy.</li> <li>- Authenticity in dealing with the individual showing genuineness.</li> </ul>	Listening
2. EXPLORATION	<ul style="list-style-type: none"> <li>- Understanding the implications &amp; effects of the difficulties experienced.</li> </ul>	Reflecting Pharaphrasing Focusing
3. UNDERSTANDING	<ul style="list-style-type: none"> <li>- To encourage the individual to move towards consideration of possible option.</li> <li>- To begin the process of assessing the various options &amp; considering the pressures for &amp; against them.</li> </ul>	Defining Confronting Focusing on immediate needs
4. ACTION	<ul style="list-style-type: none"> <li>- To help move towards change.</li> <li>- To create a climate of choice.</li> <li>- To enable the individual to take charge.</li> </ul>	Making action planning goal setting homework
5. CLOSURE		Completing session

## PRE TEST COUNSELLING

- Degree of Risk
- Distinction between STD / HIV AIDS
- Transmission
- Testing Procedure
- Meaning of Test Result
- Discrimination & Confidentiality
- Consequences of testing
- Behavior Change

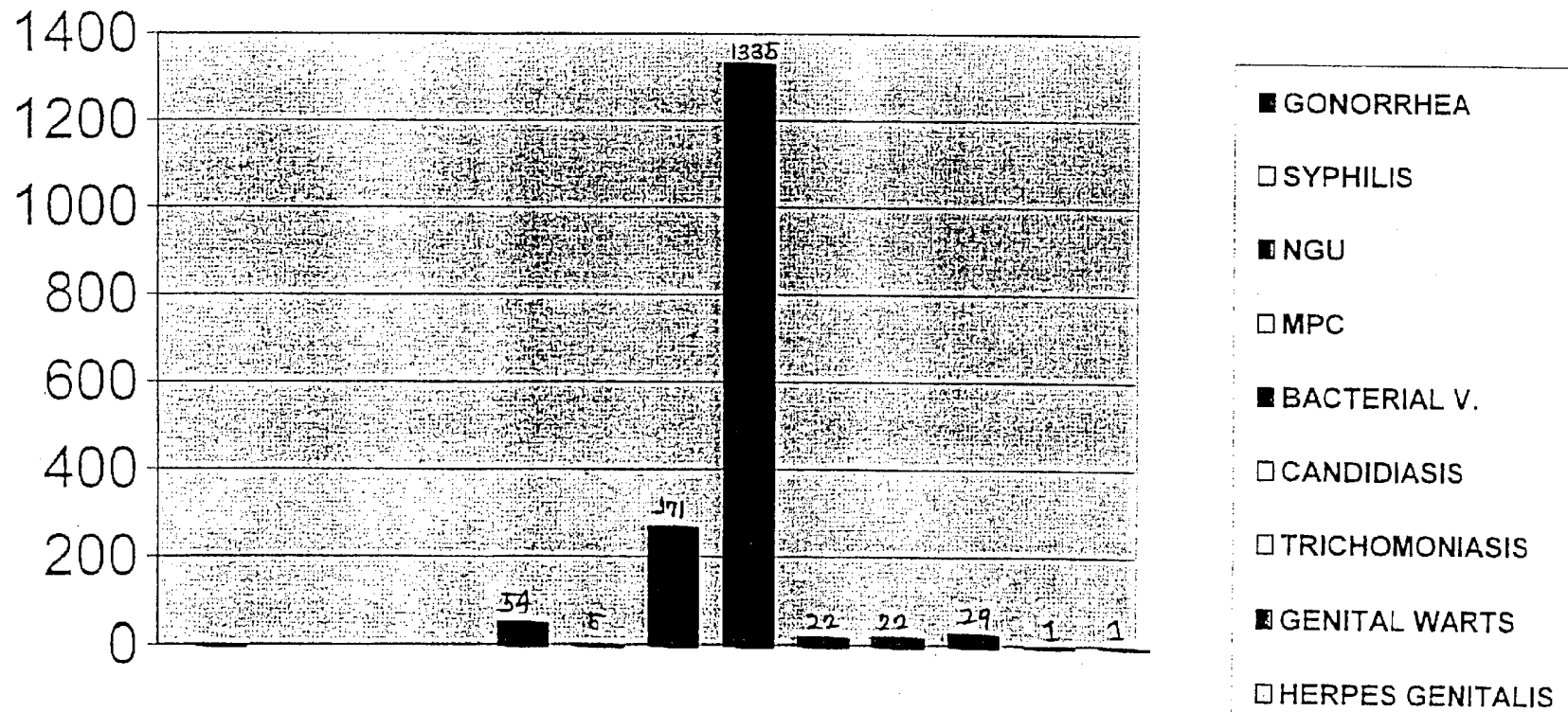
## POST TEST COUNSELLING

- ( + ) HIV Test
  - Emotional support to the patient in adjusting to the possible change in lifestyle, risk behavior, preventing transmission to others.
- ( - ) HIV Test
  - Preventive Information
  - Risky & safe behavior

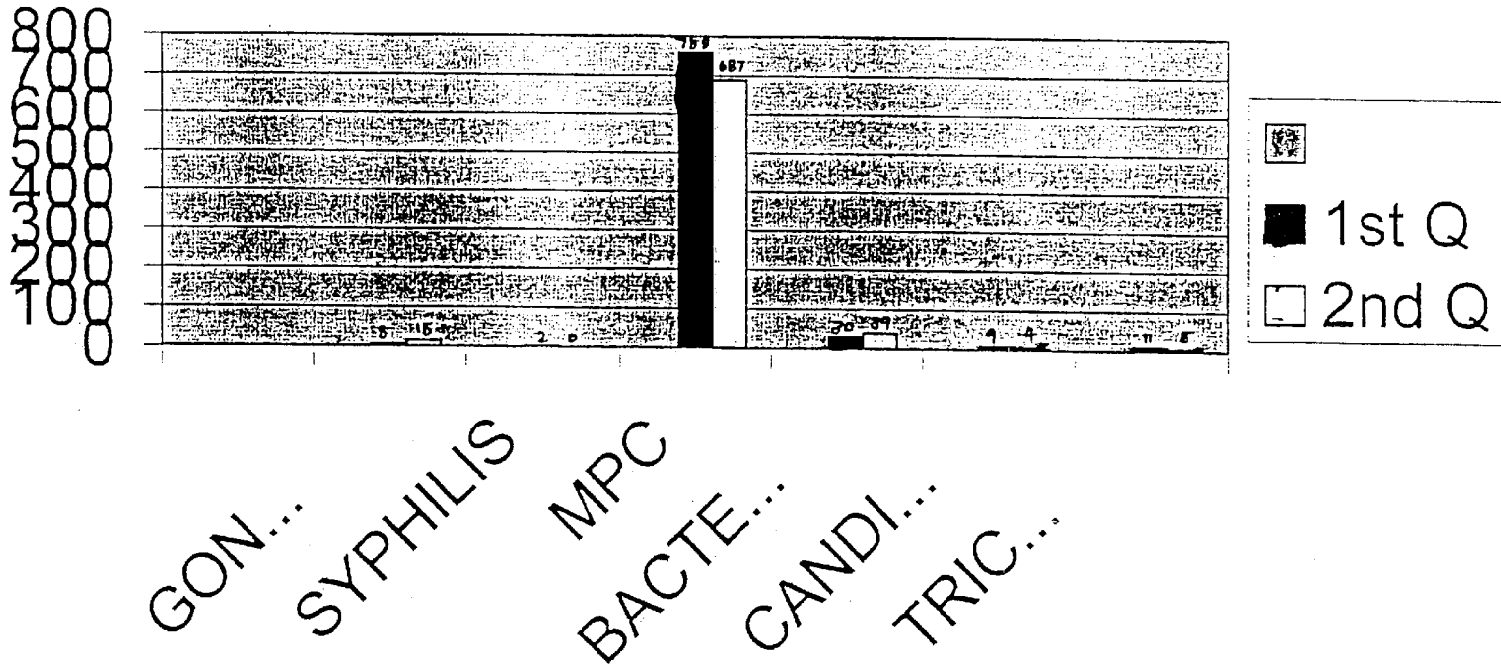
### **AREAS TO COVERED:**

- Difference between STD / HIV / AIDS
- Prognosis
- Co Factors
- Positive Health Behavior
- Route of Transmission
- Personal Hygiene
- Risk Attached to Pregnancy
- Non Risk Behavior

# TOP STD CASES FOR THE YEAR 1997



# STD CASES FOR 1ST & 2ND QUARTER FOR 1998



## TREATMENT

### 1. Acute Gonorrhoea :

- Cefixime 400 mg single dose orally.
- Ceftriaxone 250 mg IM ANST (-).

Allergy :

Erythromycin 500 mg orally 4x daily x 7 days.

### 2. Chlamydia Trachomatis :

- Azithromycin 1 Gm as single dose.
- Doxycycline 100 mg 2x daily x 7 days.

Allergy :

Erythromycin 500 mg orally 4x daily x 7 days.

### 3. Trichomoniasis :

- Metronidazole 500 mg tab 1 tab 3x a day x 7 days.
- Metronidazole suppositories 1 supp x 7 days.

### 4. Bacterial Vaginosis :

- Metronidazole 2 Gms orally as single dose.
- Metronidazole 500 mg 2x a day x 7 days.

### 5. Genital Candidiasis :

- Miconazole 400 mg tab/vagina x 3 nights.
- Clotrimazole 200 mg tab/vagina x 3 nights.
- Clotrimazole 600 mg tab/vagina as single dose.

## **6. Syphilis :**

- Benzathine Pen G 2.4 million IU  
ANST ( - ) weekly for 3 times.

### **Allergy :**

- Doxycycline 100 mg orally 2x daily x 15 days.
- Tetracycline 100 mg orally 4x daily x 15 days.

## **Syphilis in Pregnancy :**

- Erythromycin 500 mg tab 4x daily x 30 days.

## **7. Genital Herpes :**

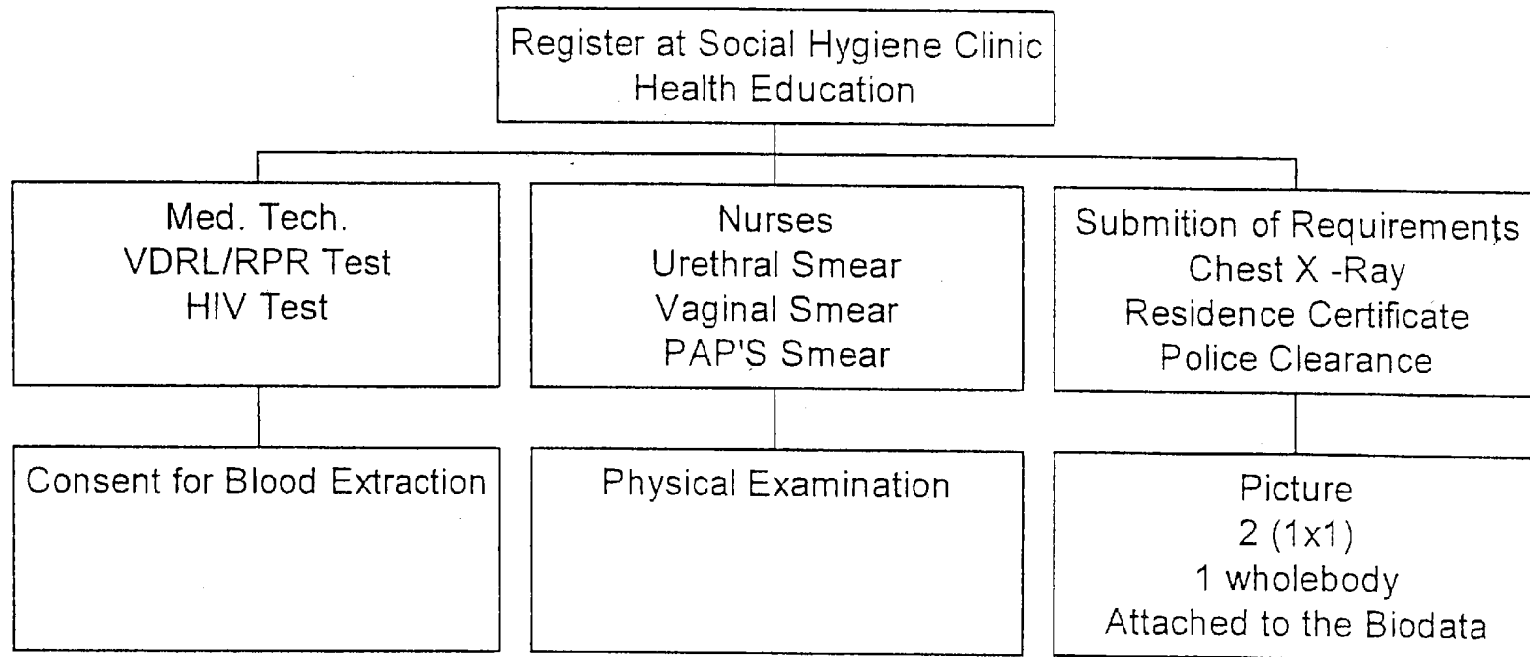
- Acyclovir 200 mg orally, 5x a day for 7-10 days.

## **8. Genital Warts :**

- Podophyllin, 10 – 25% in compound tincture of benzoin

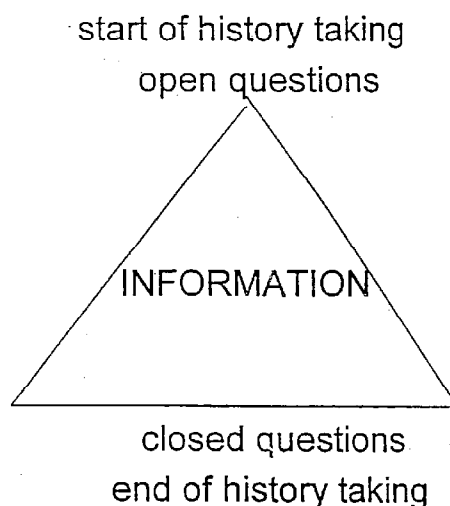


# Releasing of Health Certificate



## tips for questioning patients

- ◆ phrase questions politely and respectfully
- ◆ use words that patient understands
- ◆ make your questions specific
- ◆ ask one questions at a time, double questions confuse
- ◆ avoid leading questions
- ◆ ask permission to question them about their STD, or their sexual behaviors
- ◆ OPEN QUESTIONS: enables the patient to give longer reply
- ◆ CLOSED QUESTIONS: yes or no



# VERBAL SKILLS

- ◆ FACILITATION
- ◆ SUMMARIZING AND CHECKING
- ◆ REASSURANCE
- ◆ DIRECTION
- ◆ EMPATHY
- ◆ PARTNERSHIP

## FACILITATION

- ◆ ENCOURAGE PATIENT TO CONTINUE TALKING

PATIENT: *I'm not sure...it's embarrassing*

HCW: *That's all right, I'm listening.*

PATIENT: *Well, it's that ...*

HCW: *Yes?*

PATIENT: *There's this sore...*

### example 1

**Px. :** *I have pain in my tummy*

**HCW:** *I'm sorry to hear that. Where is the pain?*

**Px.:** *Here*

**HCW:** *Is the pain constant ?*

**Px. :** *No*

**HCW:** *Does it feel tender?*

**Px.:** *Yes*

**HCW:** *When did the pain begin ?*

**Px.:** *Last Week.*

### example 2

**Px.:** *I have a pain in my tummy*

**HCW:** *I'm sorry to hear that. Tell me about this pain.*

**Px.:** *Well, it started a week ago. At first I just felt tender down here, but sometimes it begins to hurt a lot. It hurts when I sit down or stand up - it isn't like my monthly period at all.*

**HCW:** *What else is troubling you ?*

**Px.:** *Well, there is one other thing. There's a funny kind of water that I don't usually get. It doesn't hurt but it is embarrassing.*

## SUMMARIZING AND CHECKING

### ◆ ENSURE YOU HAVE UNDERSTOOD THE PATIENT CORRECTLY

**HCW:** (Summarizing) *So you're worried what to say to your husband, and you feel very embarrassed about this condition. You want to know whether we can cure it.*

(Checking) *Have I got that right?*

**PATIENT:** *That's right. What is wrong with me?*

## REASSURANCE

- ◆ ACCEPT PATIENT'S FEELING AND THAT PROBLEM NEED NOT LAST LAST FOREVER

HCW: *I can understand that you feel worried about symptoms like these. As soon as I confirm what's wrong with you, we can try to begin treatment that will make you better*

PATIENT: *That's good. So what else do you need to know?*

## DIRECTION

- ◆ PATIENT TO FOCUS ON ONE POINT AT A TIME

PATIENT: *I don't know, it's been there for three weeks. What am I going to tell my husband? Will anyone get to know? I mean, it is curable isn't it?*

HCW: *Let's find out what the problem is first. We can deal with that, and then we can*  
*talk to your husband*

# EMPATHY

- ◆ COMMENTING ON PATIENT'S BEHAVIOR, SO ENCOURAGING HIM / HER TO EXPRESS CONCERNS

HCW: *I can see that this is worrying you a good deal.*

PATIENT: *Yes, it's been bothering me for over a week now. I'm worried sick.*

# PARTNERSHIP

- ◆ OFFER COMMITMENT

HCW: *You've done the right thing to come here for treatment. Before you leave I'll make quite sure you know everything you need to about preventing further infection. And we'll also find the best way to discuss this with your husband*

PATIENT: *Oh thank you. I don't want this to happen again.*

# GATHERING INFORMATION

- ◆ GENERAL DETAILS
- ◆ PRESENT ILLNESS
- ◆ MEDICAL HISTORY
- ◆ SEXUAL HISTORY

# EXAMINATION

- ◆ Ensure privacy
- ◆ explain what you are going to do
- ◆ explain why an examination is important
- ◆ never be rough
- ◆ approach in confident and professional way
- ◆ be gender sensitive

# MALE EXAMINATION

- ◆ ask the patient to take his pants and underwear down
- ◆ look at the penis with the foreskin forward and pulled back
- ◆ ask the patient to show any discharge by milking the penis
- ◆ look at the groins, pubic hair region and perineum
- ◆ palpate the groins and testicles for swelling or tenderness
- ◆ preferably with the patient lying on one side, examine the perineum, anus and the perianal area

## NOTE

- ◆ WARTS
- ◆ SORES AND ULCERS
- ◆ COLOR, QUANTITY AND SMELL OF VAGINAL DISCHARGE
- ◆ EXUDATE FROM CERVIX
- ◆ SCABIES LESIONS, PUBIC LICE
- ◆ SWOLLEN GLANDS IN GROINS
- ◆ ANAL AND PERIANAL RASHES OR ULCERATION



# FEMALE EXAMINATION

- ◆ ask the patient to remove her underwear
- ◆ examine the patient on a couch or table on her back with knees flexed
- ◆ look at the external genitalia, perineum, perianal and anal region
- ◆ palpate the groins for swellings
- ◆ with a gloved hand, separate the outer labia, look at the inner labia, separate them and look at the introitus

## NOTE

- ◆ genital and body rashes
- ◆ discharge from the urethra
- ◆ ulcers, swollen glands in the groins
- ◆ scabies lesions, pubic lice and nits
- ◆ anal or perianal rashes or ulceration

## SPECULUM EXAMINATION

- ◆ WITH THE OTHER HAND INSERT THE SPECULUM AND OPEN IT
- ◆ LOCATE CERVIX BETWEEN BLADES
- ◆ LOOK AT THE CERVIX AND ITS OPENING ( CERVICAL OS), THE VAGINAL VAULT, WALLS OF THE VAGINA

## BIMANUAL EXAMINATION

- ◆ insert two fingers high up into the vagina
- ◆ palpate the supra pubic region of abdomen with other hand
  - feel for the uterus, fallopian tubes, ovaries
- ◆ note: tenderness, cervical motion tenderness, PID evidence

S. No. 1818  
H. No. 10510

Republic of the Philippines  
Congress of the Philippines  
Metro Manila

Tenth Congress

Third Regular Session

Begun and held in Metro Manila, on Monday the twenty-eighth day of  
July, nineteen hundred and ninety-seven.

[ REPUBLIC ACT NO. 8504 ]

AN ACT PROMULGATING POLICIES AND PRESCRIBING  
MEASURES FOR THE PREVENTION AND CONTROL  
OF HIV/AIDS IN THE PHILIPPINES, INSTITUTING A  
NATIONWIDE HIV/AIDS INFORMATION AND  
EDUCATIONAL PROGRAM, ESTABLISHING A  
COMPREHENSIVE HIV/AIDS MONITORING SYSTEM,  
STRENGTHENING THE PHILIPPINE NATIONAL AIDS  
COUNCIL, AND FOR OTHER PURPOSES

*Be it enacted by the Senate and House of Representatives of the  
Philippines in Congress assembled:*

SECTION 1. *Title.* - This Act shall be known as the "Philippine  
AIDS Prevention and Control Act of 1998."

SEC. 2. *Declaration of Policies.* - Acquired Immune Deficiency  
Syndrome (AIDS) is a disease that recognizes no territorial, social, political  
and economic boundaries for which there is no known cure. The gravity  
of the AIDS threat demands strong State action today, thus:

(a) The State shall promote public awareness about the causes,  
modes of transmission, consequences, means of prevention and control  
of HIV/AIDS through a comprehensive nationwide educational and

⑥ フィリピン共和国 REPUBLIC ACT NO. 8504 (エイズ関連法)

information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.

(b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end,

(1) compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;

(2) the right to privacy of individuals with HIV shall be guaranteed;

(3) discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest; and

(4) provision of basic health and social services for individuals with HIV shall be assured.

(c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.

(d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance.

(e) The State shall recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

SEC. 3. *Definition of Terms.* - As used in this Act, the following terms are defined as follows:

(a) "*Acquired Immune Deficiency Syndrome (AIDS)*" - a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.

(b) "*Anonymous Testing*" - refers to an HIV testing procedure whereby the individual being tested does not reveal his/her true identity. An identifying number or symbol is used to substitute for the name and allows the laboratory conducting the test and the person on whom the test is conducted to match the test results with the identifying number or symbol.

(c) "*Compulsory HIV Testing*" - refers to HIV testing imposed upon a person attended or characterized by the lack of or vitiated consent, use of physical force, intimidation or any form of compulsion.

(d) "*Contact tracing*" - refers to the method of finding and counselling the sexual partner(s) of a person who has been diagnosed as having sexually transmitted disease.

(e) "*Human Immunodeficiency Virus (HIV)*" - refers to the virus which causes AIDS.

(f) "*HIV/AIDS Monitoring*" - refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.

(g) "*HIV/AIDS Prevention and Control*" - refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV.

(h) "*HIV-positive*" - refers to the presence of HIV infection as documented by the presence of HIV , HIV antibodies in the sample being tested.

(i) "*HIV-negative*" denotes the absence of HIV or HIV antibodies upon HIV testing.

(j) "*HIV Testing*" - refers to any laboratory procedure done on an individual to determine the presence or absence of HIV infection.

(k) "*HIV Transmission*" - refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy.

(l) "*High-Risk Behavior*" - refers to a person's frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.

(m) "*Informed Consent*" - refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.

(n) "*Medical Confidentiality*" - refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counselling, testing or professional care of the former; it also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information.

(o) "*Person with HIV*" - refers to an individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.

(p) "Pre-Test Counselling" - refers to the process of providing an individual information on the biomedical aspects of HIV/AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before he/she is subjected to the test.

(q) "Post-Test Counselling" - refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.

(r) "Prophylactic" - refers to any agent or device used to prevent the transmission of a disease.

(s) "Sexually Transmitted Diseases" - refers to any disease that may be acquired or passed on through sexual contact.

(t) "Voluntary HIV Testing" - refers to HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such test.

(u) "Window Period" - refers to the period of time, usually lasting from two weeks to six (6) months during which an infected individual will test "negative" upon HIV testing but can actually transmit the infection.

## ARTICLE I

### EDUCATION AND INFORMATION

SEC. 4. *HIV/AIDS Education in Schools.* - The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: *Provided*, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: *Provided, further*, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: *Provided, finally*, That it does not utilize sexually explicit materials.

Flexibility in the formulation and adoption of appropriate course content, scope, and methodology in each educational level or group shall be allowed after consultations with Parent-Teachers-Community Associations, Private School Associations, school officials, and other interest groups. As such, no instruction shall be offered to minors without adequate prior consultation with parents who must agree to the thrust and content of the instruction materials.

All teachers and instructors of said HIV/AIDS courses shall be required to undergo a seminar or training on HIV/AIDS prevention and control to be supervised by DECS, CHED and TESDA, in coordination with the Department of Health (DOH), before they are allowed to teach on the subject.

SEC. 5. *HIV/AIDS Information as a Health Service.* - HIV/AIDS education and information dissemination shall form part of the delivery of health services by health practitioners, workers and personnel. The knowledge and capabilities of all public health workers shall be enhanced to include skills for proper information dissemination and education on HIV/AIDS. It shall likewise be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of HIV/AIDS and to correct common misconceptions about this disease. The training of health workers shall include discussions on HIV-related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

SEC. 6. *HIV/AIDS Education in the Workplace.* - All government and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with the standardized basic information and instruction on HIV/AIDS which shall include topics on confidentiality in the workplace and attitude towards infected employees and workers. In collaboration with the Department of Health (DOH), the Secretary of the Department of Labor and Employment (DOLE) shall oversee the anti-HIV/AIDS campaign in all private companies while the Armed Forces Chief of Staff and the Director General of the PNP shall oversee the implementation of this section.

SEC. 7. *HIV/AIDS Education for Filipinos Going Abroad.* - The State shall ensure that all overseas Filipino workers and diplomatic, military, trade, and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas assignment. The Department of Labor and Employment or the Department of Foreign Affairs, the Department of Tourism and the Department of Justice through the Bureau of Immigration, as the case may be, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Section.

SEC. 8. *Information Campaign for Tourists and Transients.* - Informational aids or materials on the cause, modes of transmission, prevention, and consequences of HIV infection shall be adequately provided at all international ports of entry and exit. The Department of Tourism, the Department of Foreign Affairs, the Department of Justice through the Bureau of Immigration, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Act.

SEC. 9. *HIV/AIDS Education in Communities.* - Local government units, in collaboration with the Department of Health (DOH), shall conduct an educational and information campaign on HIV/AIDS. The provincial governor, city or municipal mayor and the barangay captain shall coordinate such campaign among concerned government agencies, non-government organizations and church-based groups.

SEC. 10. *Information on Prophylactics.* - Appropriate information shall be attached to or provided with every prophylactic offered for sale or given as a donation. Such information shall be legibly printed in English and Filipino, and contain literature on the proper use of the prophylactic device or agent, its efficacy against HIV and STD infection, as well as the importance of sexual abstinence and mutual fidelity.

SEC. 11. *Penalties for Misleading Information.* - Misinformation on HIV/AIDS prevention and control through false and misleading advertising and claims in any of the tri-media or the promotional marketing of drugs, devices, agents or procedures without prior approval from the Department of Health and the Bureau of Food and Drugs and the requisite medical and scientific basis, including markings and indications in drugs and devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV infection is punishable with a penalty of imprisonment for two (2) months to two (2) years, without prejudice to the imposition of administrative sanctions such as fines and suspension or revocation of professional or business license.

## ARTICLE II

### SAFE PRACTICES AND PROCEDURES

SEC. 12. *Requirement on the Donation of Blood, Tissue, or Organ.* - No laboratory or institution shall accept a donation of tissue or organ, whether such donation is gratuitous or onerous, unless a sample from the donor has been tested negative for HIV. All donated blood shall also be subjected to HIV testing and HIV(+) blood shall be disposed of properly and immediately. A second testing may be demanded as a matter of right by the blood, tissue, or organ recipient or his immediate relatives before transfusion or transplant, except during emergency cases: *Provided*, That donations of blood, tissue, or organ testing positive for HIV may be accepted for research purposes only, and subject to strict sanitary disposal requirements.

SEC. 13. *Guidelines on Surgical and Similar Procedures.* - The Department of Health (DOH), in consultation and in coordination with concerned professional organizations and hospital associations, shall issue guidelines on precautions against HIV transmission during surgical, dental, embalming, tattooing or similar procedures. The DOH shall likewise issue guidelines on the handling and disposition of cadavers, body fluids or wastes of persons known or believed to be HIV-positive.

The necessary protective equipment such as gloves, goggles and gowns, shall be made available to all physicians and health care providers and similarly exposed personnel at all times.

SEC. 14. *Penalties for Unsafe Practices and Procedures.* - Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of his/her profession through unsafe and unsanitary practice or procedure is liable to suffer a penalty of imprisonment for six (6) years to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to, fines and suspension or revocation of the license to practice his/her

profession. The permit or license of any business entity and the accreditation of hospitals, laboratory, or clinics may be cancelled or withdrawn if said establishments fail to maintain such safe practices and procedures as may be required by the guidelines to be formulated in compliance with Section 13 of this Act.

## ARTICLE III

### TESTING, SCREENING AND COUNSELLING

SEC. 15. *Consent as a Requisite for HIV Testing.* - No compulsory HIV testing shall be allowed. However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV: *Provided*, That written informed consent must first be obtained. Such consent shall be obtained from the person concerned if he/she is of legal age or from the parents or legal guardian in the case of a minor or a mentally incapacitated individual. Lawful consent to HIV testing of a donated human body, organ, tissue, or blood shall be considered as having been given when:

(a) a person volunteers or freely agrees to donate his/her blood, organ, or tissue for transfusion, transplantation, or research;

(b) a person has executed a legacy in accordance with Section 3 of Republic Act No. 7170, also known as the "Organ Donation Act of 1991";

(c) a donation is executed in accordance with Section 4 of Republic Act No. 7170.

SEC. 16. *Prohibitions on Compulsory HIV Testing.* - Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service, or the continued enjoyment of said undertakings shall be deemed unlawful.

SEC. 17. *Exception to the Prohibition on Compulsory Testing.* - Compulsory HIV testing may be allowed only in the following instances:

a) When a person is charged with any of the crimes punishable under Articles 264 and 266 as amended by Republic Act No. 8353, 335 and 338 of Republic Act No. 3815, otherwise known as the "Revised Penal Code" or under Republic Act No. 7659;

b) When the determination of the HIV status is necessary to resolve the relevant issues under Executive Order No. 309, otherwise known as the "Family Code of the Philippines"; and

c) When complying with the provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act" and Republic Act No. 7719, otherwise known as the "National Blood Services Act".

SEC. 18. *Anonymous HIV Testing.* - The State shall provide a mechanism for anonymous HIV testing and shall guarantee anonymity and medical confidentiality in the conduct of such tests.

SEC. 19. *Accreditation of HIV Testing Centers.* - All testing centers, hospitals, clinics, and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health which shall set and maintain reasonable accreditation standards.

SEC. 20. *Pre-test and Post-test Counselling.* - All testing centers, clinics, or laboratories which perform any HIV test shall be required to provide and conduct free pre-test counselling and post-test counselling for persons who avail of their HIV/AIDS testing services. However, such counselling services must be provided only by persons who meet the standards set by the DOH.

SEC. 21. *Support for HIV Testing Centers.* - The Department of Health shall strategically build and enhance the capabilities for HIV testing of hospitals, clinics, laboratories, and other testing centers primarily, by ensuring the training of competent personnel who will provide such services in said testing sites.

#### ARTICLE IV

##### HEALTH AND SUPPORT SERVICES

SEC. 22. *Hospital-Based Services.* - Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.

SEC. 23. *Community-Based Services.* - Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.

SEC. 24. *Livelihood Programs and Trainings.* - Trainings for livelihood, self-help cooperative programs shall be made accessible and available to all persons with HIV/AIDS. Persons infected with HIV/AIDS shall not be deprived of full participation in any livelihood, self-help and cooperative programs for reason of their health conditions.

SEC. 25. *Control of Sexually Transmitted Diseases.* - The Department of Health, in coordination and in cooperation with concerned government agencies and non-government organizations shall pursue the prevention and control of sexually transmitted diseases to help contain the spread of HIV infection.

SEC. 26. *Insurance for Persons with HIV.* - The Secretary of Health, in cooperation with the Commissioner of the Insurance Commission and other public and private insurance agencies, shall conduct a study on the feasibility and viability of setting up a package of insurance benefits and, should such study warrant it, implement an

insurance coverage program for persons with HIV. The study shall be guided by the principle that access to health insurance is part of an individual's right to health and is the responsibility of the State and of society as a whole.

#### ARTICLE V

##### MONITORING

SEC. 27. *Monitoring Program.* - A comprehensive HIV/AIDS monitoring program or "AIDSWATCH" shall be established under the Department of Health to determine and monitor the magnitude and progression of HIV infection in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

SEC. 28. *Reporting Procedures.* - All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, file, including all data which may be accessed from various data banks or information systems. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH data base shall utilize a coding system that promotes client anonymity.

SEC. 29. *Contact Tracing.* - HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the Department of Health: *Provided,* That these do not run counter to the general purpose of this Act: *Provided, further,* That any information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purposes and not as basis or qualification for any employment, school attendance, freedom of abode, or travel.

#### ARTICLE VI

##### CONFIDENTIALITY

SEC. 30. *Medical Confidentiality.* - All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical record, file, data, or test results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of persons with HIV.

SEC. 31. *Exceptions to the Mandate of Confidentiality.* - Medical confidentiality shall not be considered breached in the following cases:

(a) when complying with reportorial requirements in conjunction with the AIDSWATCH programs provided in Section 27 of this Act;

(b) when informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS: *Provided,* That such treatment or care carry the risk of HIV

transmission: *Provided, further*, That such workers shall be obliged to maintain the shared medical confidentiality;

(c) when responding to a *subpoena duces tecum* and *subpoena ad testificandum* issued by a Court with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual: *Provided*, That the confidential medical record shall be properly sealed by its lawful custodian after being double-checked for accuracy by the head of the office or department, hand delivered, and personally opened by the judge: *Provided, further*, That the judicial proceedings be held in executive session.

SEC. 32. *Release of HIV/AIDS Test Results.* - All results of HIV/AIDS testing shall be confidential and shall be released only to the following persons:

- (a) the person who submitted himself/herself to such test;
- (b) either parent of a minor child who has been tested;
- (c) a legal guardian in the case of insane persons or orphans;
- (d) a person authorized to receive such results in conjunction with the AIDSWATCH program as provided in Section 27 of this Act;
- (e) a justice of the Court of Appeals or the Supreme Court, as provided under subsection (c) of this Act and in accordance with the provision of Section 16 hereof.

SEC. 33. *Penalties for Violations of Confidentiality.* - Any violation of medical confidentiality as provided in Sections 30 and 32 of this Act shall suffer the penalty of imprisonment for six (6) months to four (4) years, without prejudice to administrative sanctions such as fines and suspension or revocation of the violator's license to practice his/her profession, as well as the cancellation or withdrawal of the license to operate any business entity and the accreditation of hospitals, laboratories or clinics.

SEC. 34. *Disclosure to Sexual Partners.* - Any person with HIV is obliged to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

#### ARTICLE VII

##### DISCRIMINATORY ACTS AND POLICIES

SEC. 35. *Discrimination in the Workplace.* - Discrimination in any form from pre-employment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

SEC. 36. *Discrimination in Schools.* - No educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or prospective student on the basis of his/her actual, perceived or suspected HIV status.

SEC. 37. *Restrictions on Travel and Habitation.* - The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

SEC. 38. *Inhibition from Public Service.* - The right to seek an elective or appointive public office shall not be denied to a person with HIV.

SEC. 39. *Exclusion from Credit and Insurance Services.* - All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: *Provided*, That the person with HIV has not concealed or misrepresented the fact to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

SEC. 40. *Discrimination in Hospitals and Health Institutions.* - No person shall be denied health care service or be charged with a higher fee on account of actual, perceived or suspected HIV status.

SEC. 41. *Denial of Burial Services.* - A deceased person who had AIDS or who was known, suspected or perceived to be HIV-positive shall not be denied any kind of decent burial services.

SEC. 42. *Penalties for Discriminatory Acts and Policies.* - All discriminatory acts and policies referred to in this Act shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos (P10,000.00). In addition, licenses/permits of schools, hospitals and other institutions found guilty of committing discriminatory acts and policies described in this Act shall be revoked.

#### ARTICLE VIII

##### THE PHILIPPINE NATIONAL AIDS COUNCIL

SEC. 43. *Establishment.* - The Philippine National AIDS Council (PNAC) created by virtue of Executive Order No. 39 dated 3 December 1992 shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. It shall be attached to the Department of Health.

SEC. 44. *Functions.* - The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:



(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council shall likewise ensure that there is adequate coverage of the following:

(1) The institution of a nationwide HIV/AIDS information and education program;

(2) The establishment of a comprehensive HIV/AIDS monitoring system;

(3) The issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;

(4) The provision of accessible and affordable HIV testing and counselling services to those who are in need of it;

(5) The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;

(6) The protection and promotion of the rights of individuals with HIV; and

(7) The strict observance of medical confidentiality.

(b) Monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;

(c) Develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;

(d) Coordinate the activities of and strengthen working relationships between government and non-government agencies involved in the campaign against HIV/AIDS;

(e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and

(f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.

SEC. 45. *Membership and Composition.* - (a) The Council shall be composed of twenty-six (26) members as follows:

(1) The Secretary of the Department of Health;

(2) The Secretary of the Department of Education, Culture and Sports or his representative;

(3) The Chairperson of the Commission on Higher Education or his representative;

(4) The Director-General of the Technical Education and Skills Development Authority or his representative;

(5) The Secretary of the Department of Labor and Employment or his representative;

(6) The Secretary of the Department of Social Welfare and Development or his representative;

(7) The Secretary of the Department of the Interior and Local Government or his representative;

(8) The Secretary of the Department of Justice or his representative;

(9) The Director-General of the National Economic and Development Authority or his representative;

(10) The Secretary of the Department of Tourism or his representative;

(11) The Secretary of the Department of Budget and Management or his representative;

(12) The Secretary of the Department of Foreign Affairs or his representative;

(13) The Head of the Philippine Information Agency or his representative;

(14) The President of the League of Governors or his representative;

(15) The President of the League of City Mayors or his representative;

(16) The Chairperson of the Committee on Health of the Senate of the Philippines or his representative;

(17) The Chairperson of the Committee on Health of the House of Representatives or his representative;

(18) Two (2) representatives from organizations of medical/health professionals;

(19) Six (6) representatives from non-government organizations involved in HIV/AIDS prevention and control efforts or activities; and

(20) A representative of an organization of persons dealing with HIV/AIDS.

(b) To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor, ethics and social services;

(c) All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker, respectively;

(d) The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act;

(e) The Secretary of Health shall be the permanent chairperson of the Council; however, the vice-chairperson shall be elected by its members from among themselves, and shall serve for a term of two (2) years; and

(f) For members representing medical/health professional groups and the six (6) non-government organizations, they shall serve for a term of two (2) years, renewable upon recommendation of the Council.

SEC. 46. *Reports.* - The Council shall submit to the President and to both Houses of Congress comprehensive annual reports on the activities and accomplishments of the Council. Such annual reports shall contain assessments and evaluation of intervention programs, plans and strategies for the medium- and long-term prevention and control program on HIV/AIDS in the Philippines.

SEC. 47. *Creation of Special HIV/AIDS Prevention and Control Service.* - There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service staffed by qualified medical specialists and support staff with permanent appointment and supported with an adequate yearly budget. It shall implement programs on HIV/AIDS prevention and control. In addition, it shall also serve as the secretariat of the Council.

SEC. 48. *Appropriations.* - The amount of Twenty million pesos (P20,000,000.00) shall be initially appropriated out of the funds of the National Treasury. Subsequent appropriations shall be provided by Congress in the annual budget of the Department of Health under the General Appropriations Act.

#### ARTICLE IX

#### MISCELLANEOUS PROVISIONS

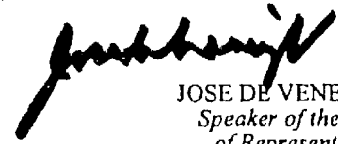
SEC. 49. *Implementing Rules and Regulations.* - Within six (6) months after it is fully reconstituted, the Council shall formulate and issue the appropriate rules and regulations necessary for the implementation of this Act.

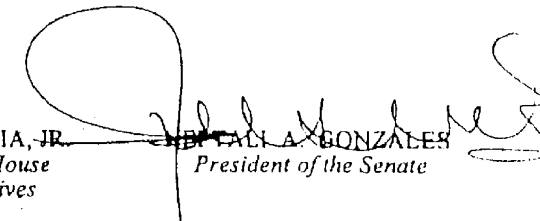
SEC. 50. *Separability Clause.* - If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

SEC. 51. *Repealing Clause.* - All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

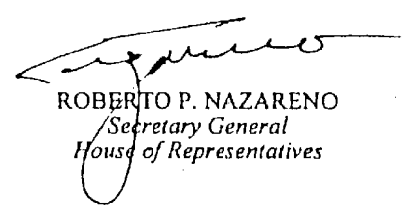
SEC. 52. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

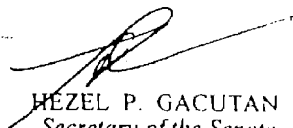
Approved,

  
JOSE DE VENECIA, JR.  
Speaker of the House  
of Representatives

  
ESTELITA A. GONZALES  
President of the Senate


This Act, which is a consolidation of Senate Bill No. 1818 and House Bill No. 10510 was finally passed by the Senate and the House of Representatives on February 6, 1998.

  
ROBERTO P. NAZARENO  
Secretary General  
House of Representatives

  
HEZEL P. GACUTAN  
Secretary of the Senate

Approved:

FEB 13 1998

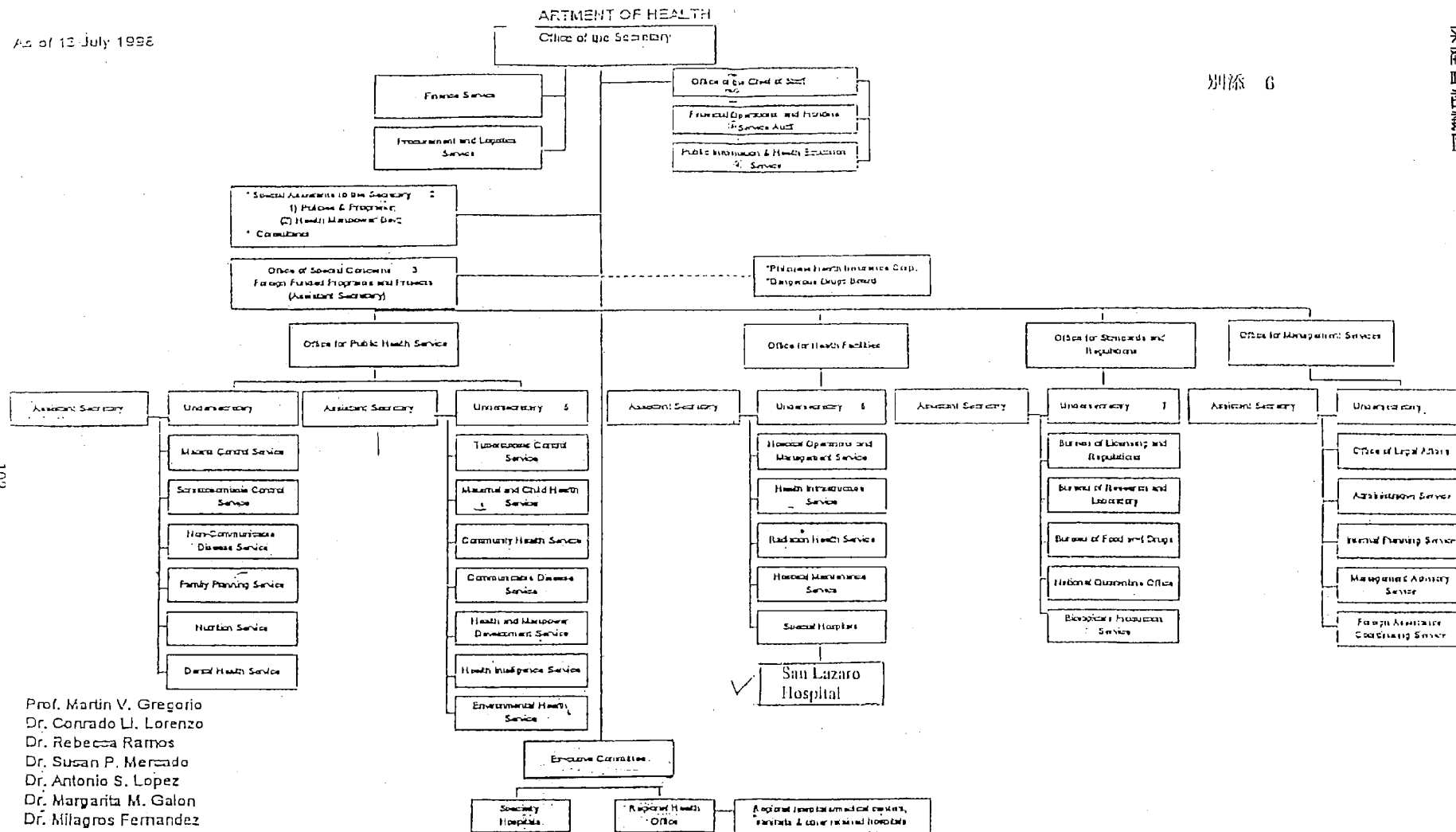
  
FIDEL V. RAMOS  
President of the Philippines

CERTIFIED COPY.

  
AURORA T. AQUINO  
DIRECTOR IV

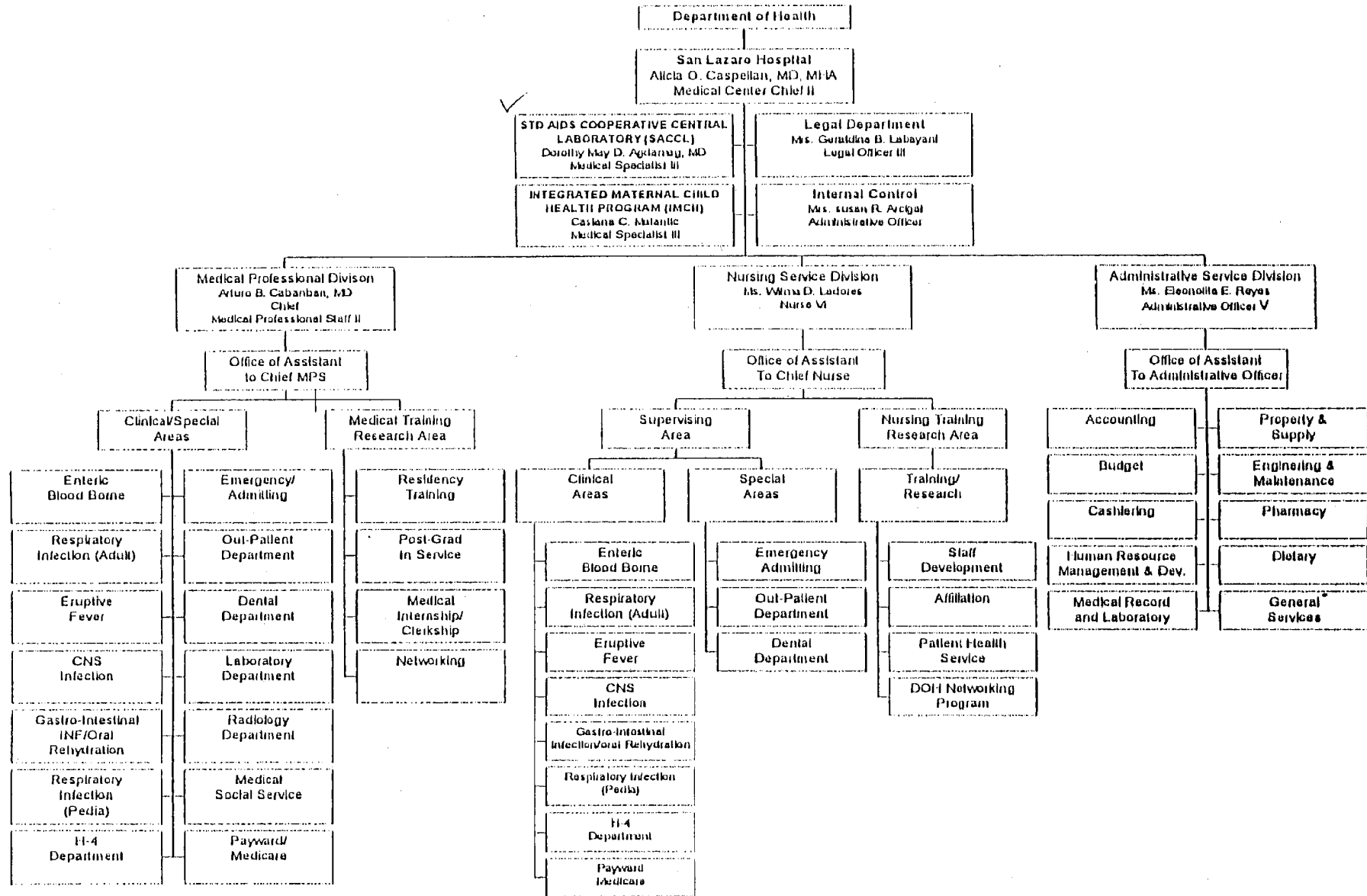
As of 13 July 1998

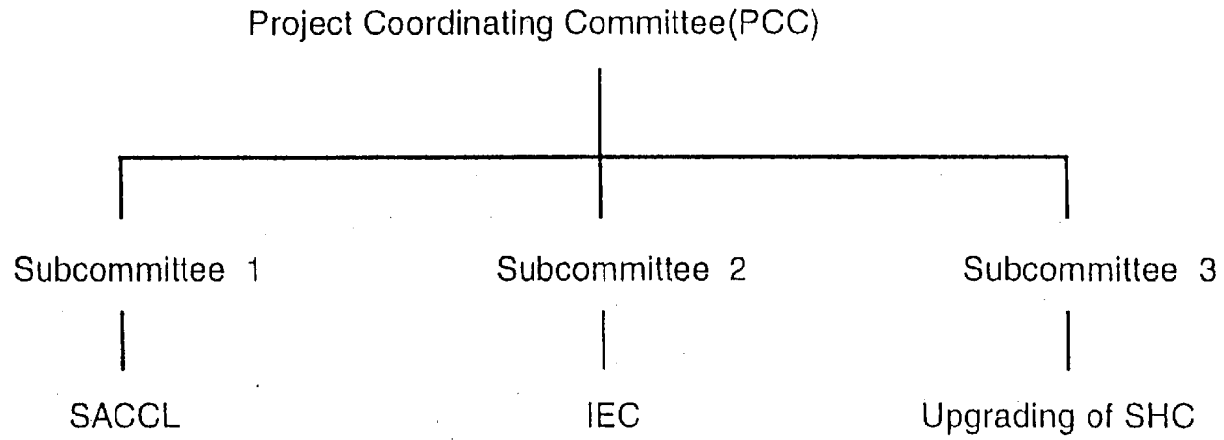
別添 6



- 102 -

Prof. Martín V. Gregorio  
 Dr. Conrado U. Lorenzo  
 Dr. Rebecca Ramos  
 Dr. Susan P. Mercado  
 Dr. Antonio S. Lopez  
 Dr. Margarita M. Galon  
 Dr. Milagros Fernandez  
 Ms. Teresita A. de la Cruz  
 Atty. Ruayard Avila III takes over as Acting Undersecretary, Office of Management Services effective 16 July 1998.  
 Ms. Teresita de la Cruz has opted to be detailed to the Office of the Secretary as Special Adviser.





Biosafety Laboratory Steering Committee

Chairperson  
Dra. Dorothy May D. Agdamag

- BRL Representative
- SLH Representative
- RITM Representative
- UP Representative
- JICA(HIV) Representative
- PCHRD(Phil. Council for health, Research & Development)
- JICA (TB) Representative

- |   |       |  |
|---|-------|--|
| 1. Dr. Alberto Romualdez                | ————— | Secretary of Health                        |
| 2. Dr. Antonio Lopez                    | ————— | Undersecretary, DOH Chief of staff         |
| 3. Dr. Gilles Pומרol                    | ————— | Regional Advisor in STD/AIDS WPRO, WHO     |
| 4. Dra. Alice Caspellan                 | ————— | Chief, SLH                                 |
| 5. Dr. Remigio Olveda                   | ————— | Director, RITM                             |
| 6. Dra. Veneracion Munar                | ————— | Chief, BRL                                 |
| 7. Dra. Ofelia Monzon                   | ————— | President, AIDS Society of the Philippines |
| 8. Dra. Telma Tupasi                    | ————— | president, Tropical Diseases Foundation    |
| 9. Dra. Cynthia Dominguez               | ————— | Professor of Hematology, UP                |
| 10. Dra. P.N. Alfán                     | ————— | Physician, AIDS                            |
| 11. Dra. Mari-Rose Aplasca De Los Reyes | ————— | Course Director, TCTP, 1998, RITM          |
| 12. Dra. Dorina Bustos                  | ————— | Chief, Dept. of Parasitology, RITM         |
| 13. Dr. Fem Paladin                     | ————— | Chief, Dept. of Virology, RITM             |
| 14. Mrs. Myrna Reyes                    | ————— | Technologist II, BRL                       |
| 15. Mr. Dad Tuan                        | ————— | Mayor, T'boli City                         |

