Philippine Pediatric Society: Championing Immunization

Fatima Ignacio Gimenez, MD
Co-Chair Immunization Committee, Council on Community Services and Child Advocacy PPS
Secretary, Pediatric Infectious Disease Society of the Philippines
7,100 islands

Population: 106,335,808

Eligible Population: 2,832,883
At A Glance

Health Financing Flow

Devolved to LGU (Local Government Unit) since 1991

Source: HSRA Monograph on Health Care Financing, Department of Health
The Philippine Pediatric Society is Specialty Division of the Philippine Medical Association
Member, International Pediatric Association (IPA)
Member, Asia Pacific Pediatric Association (APPA)
Member, Asean Pediatric Association
We are a Professional Organization of Physicians caring for newborns, infants, children and adolescents
Focus: Training, Research and Advocacy

Membership: 5, 800 Pediatricians
DISCLAIMER:
The Childhood Immunization Schedule presents recommendations for immunization for children and adolescents based on updated literature review, experience and promises current at the time of publication. The PPS, PIDSP and PFV acknowledge that individual circumstances may warrant a decision differing from the recommendations given here. Physicians must regularly update their knowledge about specific vaccines and their use because information about safety and efficacy of vaccines and recommendations relative to their administration continue to develop after a vaccine is licensed.

**Vaccines in the Philippine National Immunization Program (NIP).**
The following vaccines are in the 2018 NIP:
- BCG, monovalent Hep B, Pentavalent vaccine (DTwP-Hib-HepB), bivalent OPV, IPV, PCV, MMR, MR, Td and HPV.

**Recommended Vaccines**
These are vaccines not included in the NIP which are recommended by the Philippines Pediatric Society (PPS), Pediatric Infectious Disease Society of the Philippines (PIDSP) and the Philippine Foundation for Vaccination (PFV).
Finding our Way: SWOT

STRENGTH

Existence of the National Immunization Program
Existence of a National Disease Surveillance for Common Vaccine Preventable Diseases
Proactive Medical Societies (Philippine Pediatric Society, Philippine Pediatric Infectious Disease Society)
Proactive NGO championing Immunization (Philippine Foundation for Vaccination)

OPPORTUNITIES

Improvement in public and private partnerships focusing on advocacy thru educational campaigns and a harmonized reporting of immunization coverage rates

WEAKNESSES

Lack of proper implementation from the national to the local level of the immunization program
Logistics issues (vaccine supply and cold chain issues, immunization coverage, financial limitations)
Surveillance of vaccine preventable diseases is currently more of a passive reporting except for polio and measles
Lack of an efficient partnership between the private and public sectors on issues championing immunization
Lack of awareness in some regions of the country on the value of immunization especially in areas of armed conflict
Strong presence of anti-vaccine groups

THREATS

Presence of anti-vaccine groups
Resurgence of vaccine preventable diseases in hard to reach areas because of armed conflict
Threat of importation of diseases as a result of travel and migration
Budget issues
STRENGTHS

Existence of the National Immunization Program
Existence of a National Disease Surveillance for
Common Vaccine Preventable Diseases
Proactive Medical Societies (Philippine Pediatric Society,
Philippine Pediatric Infectious Disease Society)
Proactive NGO championing Immunization
(Philippine Foundation for Vaccination)

OPPORTUNITIES

Improvement in public and private partnerships focusing on
advocacy thru educational campaigns and a harmonized
reporting of immunization coverage rates

HIGHLIGHT IMMUNIZATION AS A TOP PRIORITY PROJECT OF PPS
Members of the PPS Committee on Immunization

Chair: Josefina C. Carlos, MD

Co-Chair: Fatima I. Gimenez, MD

Members: Edward Santos, MD
          Jaime A. Santos, MD
          Leticia L. Sarte, MD

Adviser: Milagros S. Bautista, MD

PPS Council on Child Advocacy Committee on Immunization

VISION: To eradicate the vaccine preventable diseases in the country

GOAL: To increase immunization coverage in the country through the pediatricians’ reporting to the national data pool
CDC- AAP-PPS PARTNERSHIP

2016 : Creation of Immunization Champions

2017 : Roll Out of Immunization Modules

      Submission of Immunization Reports to
      Corresponding Regional Units (DOH) &
      PPS ( 4 out of 12 )

2018 : 3 short-term focused activities to

      reinforce previous gains, to ensure the
      sustainability of the advocacy even
      beyond the timelines
## Immunization Champions from the Different PPS Chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeastern Luzon</td>
<td>Cherry Lou Antonio, MD</td>
</tr>
<tr>
<td>Northern Luzon</td>
<td>- o –</td>
</tr>
<tr>
<td>Central Luzon</td>
<td>Leah Mae Cruz Besa, MD</td>
</tr>
<tr>
<td>Southern Tagalog</td>
<td>Rosalia F. Bonus, MD</td>
</tr>
<tr>
<td>Bicol Chapter</td>
<td>Epifania Ruth Torres, MD</td>
</tr>
<tr>
<td>Central Visayas</td>
<td>Celeste C. Cabahug, MD</td>
</tr>
<tr>
<td>Eastern Visayas</td>
<td>Fides Petilla, MD</td>
</tr>
<tr>
<td>Western Visayas</td>
<td>Eda Marie Hubo-Amoyot, MD</td>
</tr>
<tr>
<td>Negros Occidental Island</td>
<td>Ma. Teresa D. Villanueva</td>
</tr>
<tr>
<td>North Central Mindanao</td>
<td>Myra Ann Nacita, MD</td>
</tr>
<tr>
<td>Southwestern Mindanao</td>
<td>Pascualito Concepcion, MD</td>
</tr>
<tr>
<td>Davao Central Mindanao</td>
<td>Ma. Delta S. A. Aguilar, MD</td>
</tr>
<tr>
<td>NCR</td>
<td>Soidemer Claire C. Grecia,</td>
</tr>
</tbody>
</table>

**Workshop: Nov 16 -17, 2016**

*The Value of Immunization*

PPS Building

**AAP : Yvonne Maldonado, MD**

Pediatric Division Head of Infectious Disease

Stanford University

**Hannah Foehringer Merchant**

Program Manager

Global Child Health

**PHASE 1**
Jan 2017, Agreed upon Template with NIP Head

PPSWV Report of Immunization Coverage for Month of January - March 2017 Total 45/150

<table>
<thead>
<tr>
<th>Antigens</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>BCG</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B (birth dose)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B1</td>
<td>84</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Hep B2</td>
<td>65</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Hep B3</td>
<td>50</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Hep B booster</td>
<td>30</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>DPT 1</td>
<td>68</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>DPT 2</td>
<td>41</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>DPT 3</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT booster</td>
<td>26</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Hib 1</td>
<td>64</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Hib 2</td>
<td>30</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Hib 3</td>
<td>40</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Hib booster</td>
<td>9</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>OPV/IPV 1</td>
<td>71</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>OPV/IPV 2</td>
<td>39</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>OPV/IPV 3</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV/IPV booster</td>
<td>9</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Measles</td>
<td>16</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>MMR 1</td>
<td>12</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>MMR 2</td>
<td>5</td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
PUBLIC AND PRIVATE PARTNERSHIPS

Come back to BAKuna, Back to your Health Center.

FORUM ON IMMUNIZATION
1:00PM March 10, 2018
KCC Mall de Zamboanga, Zamboanga City
PUBLIC AND PRIVATE PARTNERSHIPS

INDICATOR

Fully Immunized Child 95%
- BCG 1 dose @ birth
- Hepatitis B birth dose <24 hours 1 dose
- Pentavalent (DPT-HiB-HepaB) 3 doses
- OPV 3 doses
- IPV 1 dose
- MCV 2 doses

At 1 year of age.

Nov 16, 2017
CDC- AAP-PPS PARTNERSHIP

2016 : Creation of Immunization Champions

2017 : Roll Out of Immunization Modules, CME

Submission of Immunization Reports to

Corresponding Regional Units (DOH) &

PPS (4 out of 12)

2018 : 3 short-term focused activities to

reinforce previous gains, to ensure the

sustainability of the advocacy even

beyond the timelines
Phase 2
Continuing Medical Education
PPS, PDSP, PFV
CDC- AAP-PPS PARTNERSHIP

2016 :  Creation of Immunization Champions

2017 :  Roll Out of Immunization Modules

Submission of Immunization Reports to

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PPS (4 out of 12)

2018 :  3 short-term focused activities to

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sustainability of the advocacy even

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DENVAXIA HAPPENED
The PHILIPPINE PEDIATRIC SOCIETY, INC.

COUNCIL ON CONTINUING PROFESSIONAL DEVELOPMENT
Committee on Scientific Meetings

in cooperation with the

COUNCIL ON COMMUNITY SERVICES AND CHILD ADVOCACY
Committee on Immunization
Scientific Meeting

on

CHAMPIONING IMMUNIZATION

Josefina C. Carlos, MD, FPPS, FPIDSP
Maria Rosario Z. Capeding, MD, FPPS, FPIDSP
Maria Teresa D. Villanueva, MD, FPPS

Video Conference Sites:
Central Luzon Chapter
Nerissa M. Buenaventura, MD
President

National Childrens Hospital
Agnes R. Mendoza, MD
Chair, Department of Pediatrics

Thursday, January 25, 2017
1:30 – 3:30 P.M.

PPS Auditorium, 2nd Floor, PPS Bldg.
52 Kalayaan Avenue, Brgy. Malaya, Diliman Quezon City

(This serves as an invitation.)

PPS CPD Units

The PHILIPPINE PEDIATRIC SOCIETY, INC.
PPS - PIDSP WRITESHOP ON IMMUNIZATION (CDC-AAP-PPS)
Immunization Advocacy: “Calling the Shots”

Josefina Cadorna Carlos, MD
Chair, PPS Committee on Immunization
Compelled by a strong sense of duty and a commitment to protect and promote the health and welfare of our countrymen, a group of physicians and scientists drafted a statement on the Dengvaxia controversy. Among us are deans of colleges of medicine, former secretaries of health, esteemed members of the academe, exemplary clinicians and surgeons, past and present heads of various professional medical associations and NGOs, etc. But none of these positions or titles is indicated beside our names. We are speaking simply as professionals who are first and foremost Filipinos who care deeply for our country and our people, and who can no longer keep silent. Our number keeps growing by the day.

January 30, 2018

STATEMENT ON THE DENGVAXIA CONTROVERSY

Let us put public welfare above all else

We, physicians and scientists who serve the country in various capacities and sectors, are saddened, dismayed and alarmed over the manner by which the Dengvaxia controversy has degenerated into a fiasco that has started to erode public confidence in the country’s vaccination programs and other public healthcare endeavors. The unnecessary fear and panic, largely brought about by the imprudent language and unsubstantiated conclusions by persons whose qualifications to render any expert opinion on the matter are questionable at best, have caused many parents to resist having their children avail of life saving vaccines that our government gives. Even deworming efforts are being met with suspicion and resistance, with many parents afraid to give consent; all because of the misinformation that has been allowed to take hold of the collective psyche. If this trend continues then we may find ourselves faced with outbreaks of debilitating and life-threatening diseases that we have already been able to control through our vaccination programs. The only way to continue to prevent deadly epidemics of these infectious diseases is to sustain a high rate of immunization/vaccination in our population. This will not be possible if parents refuse to consent to vaccination for their children because of fear.

It is also with very heavy hearts that we have witnessed some hard working, competent, honest and dedicated physicians and career personnel in the Department of Health, systematically maligned, while those who can and should come to their defense have remained silent. Available documentary evidence that might have been offered to prove the innocence of some of the accused has not been made public for reasons that we can only speculate on. The public hearings have become avenues for “expert bashing” rather than a genuine search for truth.

There is no such thing as a perfect vaccine. The history of vaccination from the 18th century to the present is rife with controversy. A study of the history of these controversies teaches us lessons about the tragic consequences and harm to the masses in public health, when unnecessary panic is generated by dishonest, or irresponsible advocates. The public has a right to obtain accurate and correct information on the Dengvaxia controversy. The government, as the custodian of the public welfare, has the moral and legal duty to meet the public’s need for factual information as well.
DENGVAXIA CONTROVERSY
PMA CONVENTION: PPS SESSION ON IMMUNIZATION MAY 16, 2018 PICC
2017 Fully Immunized Children by Region
as of May 15, 2018

<table>
<thead>
<tr>
<th>Area</th>
<th>Eligible Pop. (Total Pop. X 2.7%)</th>
<th>Fully Immunized Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>2,832,883</td>
<td>1,866,674</td>
</tr>
<tr>
<td>N C R</td>
<td>348,812</td>
<td>272,444</td>
</tr>
<tr>
<td>C A R</td>
<td>49,878</td>
<td>30,435</td>
</tr>
<tr>
<td>Region 1</td>
<td>142,108</td>
<td>96,791</td>
</tr>
<tr>
<td>Region 2</td>
<td>97,082</td>
<td>63,047</td>
</tr>
<tr>
<td>Region 3</td>
<td>308,533</td>
<td>207,556</td>
</tr>
<tr>
<td>Region 4A</td>
<td>395,803</td>
<td>242,612</td>
</tr>
<tr>
<td>Region 4B</td>
<td>86,845</td>
<td>44,951</td>
</tr>
<tr>
<td>Region 5</td>
<td>169,200</td>
<td>92,367</td>
</tr>
<tr>
<td>Region 6</td>
<td>213,837</td>
<td>135,411</td>
</tr>
<tr>
<td>Region 7</td>
<td>207,623</td>
<td>131,711</td>
</tr>
<tr>
<td>Region 8</td>
<td>127,032</td>
<td>78,001</td>
</tr>
<tr>
<td>Region 9</td>
<td>105,196</td>
<td>71,349</td>
</tr>
<tr>
<td>Region 10</td>
<td>131,148</td>
<td>106,106</td>
</tr>
<tr>
<td>Region 11</td>
<td>139,135</td>
<td>97,745</td>
</tr>
<tr>
<td>Region 12</td>
<td>129,066</td>
<td>85,115</td>
</tr>
<tr>
<td>A.R.M.M.</td>
<td>105,215</td>
<td>52,893</td>
</tr>
<tr>
<td>CARAGA</td>
<td>76,372</td>
<td>58,140</td>
</tr>
</tbody>
</table>

Source: Department of Health, *Field Health Services Information System (FHSIS)*
Note: Sum may not total to 100% due to rounding off

**Target:** 90% of the eligible population
Figure 4. Reasons for Non-vaccination of Measles Vaccine*, Philippines, January to March 2018

- Mother was busy
- Child was sick
- Forgot the schedule
- Fear of side effects
- Difficult access to health services
- Against belief
- Others*

*with data available;
*other reasons: moves residence, history of travel, parents refused, war conflict, lack of knowledge, child was abandoned, medical contraindication
SALAMAT PO

(2) Pre-Con on Immunization Advocacy, 8 April 2018, Boracay Rm, Sofitel

55th PPS Annual Convention, 8 – 11 April 2018

(3) Plenary 3: Hepatitis B

(4) Twilight Symposium
Accomplishments

- Educational campaign: Rolled out Modules to 12 PPS chapters thru Immunization champions
- Initiation of Immunization Registry: 4 out of 12
- Sustained educational activities: PPS, PIDSP Annual Conventions, Writeshops, Preconvention Symposia, PMA Convention, PCP Convention
- Launched Immunization Page
Table 1. Summary of Reported Vaccine Preventable Diseases, Philippines, January 1 – March 31, 2018

<table>
<thead>
<tr>
<th>Vaccine Preventable Diseases</th>
<th>Total No of Cases</th>
<th>Confirmed Cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>Measles</td>
<td>4,492</td>
<td>761</td>
<td>14</td>
</tr>
<tr>
<td>Rubella</td>
<td>25</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>25</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Pertussis</td>
<td>63</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>-</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Polio (AFP Surveillance)</td>
<td>71</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Case Definition: Measles-Rubella

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reported Measles Case</strong> (Suspect measles case)</td>
<td>Any person with fever and maculopapular (non-vesicular) rash and either cough, coryza (runny nose), or conjunctivitis (red eyes)</td>
</tr>
<tr>
<td><strong>Measles compatible case</strong> (Clinical measles)</td>
<td>A case that meets the suspect case definition for measles but for which no adequate blood specimen was taken and which has not been linked epidemiologically to another case positive for measles or rubella</td>
</tr>
<tr>
<td><strong>Confirmed measles case</strong></td>
<td>Laboratory confirmed + epidemiologically linked measles cases</td>
</tr>
<tr>
<td><strong>Epidemiologically linked</strong> (Epi-linked case)</td>
<td>A suspect case that has not been confirmed by laboratory but has close contact and is temporally related to a laboratory confirmed case or to another epi-linked case during times of epidemic</td>
</tr>
<tr>
<td><strong>Laboratory confirmed rubella</strong></td>
<td>A suspect case with a positive laboratory test result for rubella-specific IgM antibodies or other approved laboratory test method</td>
</tr>
<tr>
<td><strong>Discarded non-measles/rubella</strong></td>
<td>A case that meets the clinical case definition for measles and tested negative for both measles and rubella testing</td>
</tr>
<tr>
<td><strong>Pending</strong></td>
<td>A case that is pending for transport or for laboratory testing, hence with pending classification.</td>
</tr>
</tbody>
</table>