Resilience for Immunization Programs

Case Study:

PHILIPPINES

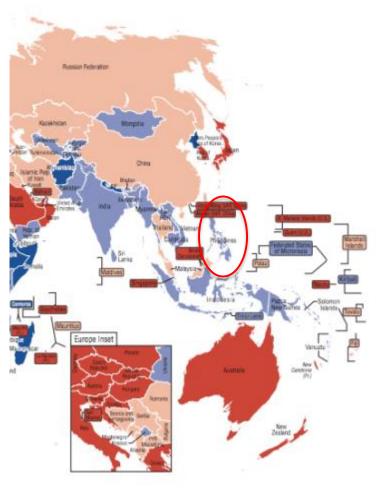




HOW IS THE PEDIATRIC IMMUNIZATION PROGRAM SET UP?



Philippine Health Information Profile



- 7, 107 Islands in Southeast Asia
- Population ≈ 107 M
 - National Immunization Program target birth cohort: 2.7 M
 - Low Middle Income Country
 - Total health expenditure (2014)
 4.7% of gross domestic product
 10% of total government expenditure

U5 Mortality Rate: 22.6/1000 live births (2017)

^{2.} Unicef Under 5 mortality rates. Accessed from https://data.unicef.org/topic/child-survival/under-five-mortality/

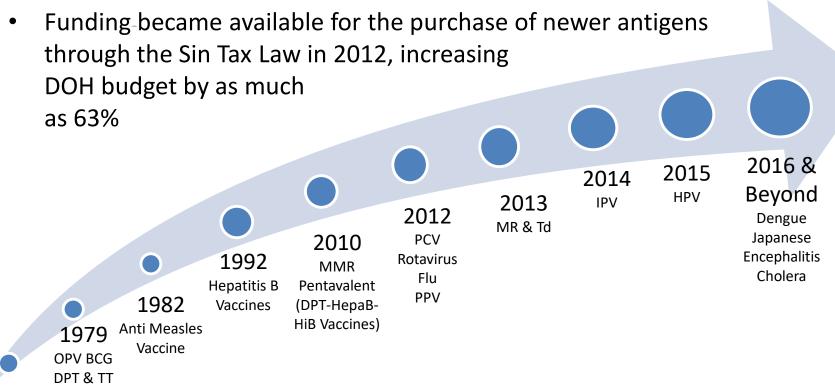
^{3.} http://databank.worldbank.org/data/download/site-content/wdi/maps/2017/world-by-income-wdi-2017.pdf

The Expanded Program on Immunization

- Established in 1976, with vaccines provided free by UNICEF
 - Initially included included six vaccine-preventable diseases:
 tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles
- Immunization services are available in public health centers nationwide; health staff follow up infants in catchment areas to ensure all required vaccinations are received by the first birthday

The Expanded Program on Immunization

 The Philippines DOH began to purchase its own supply of vaccines in the mid-1990s



References: 1. Dayrit MM et al. The Philippines Health System Review. Health Systems in Transition 2018 Vol. 8 No. 2

1976
EPI launched

^{2.} http://www.doh.gov.ph/expanded-program-on-immunization

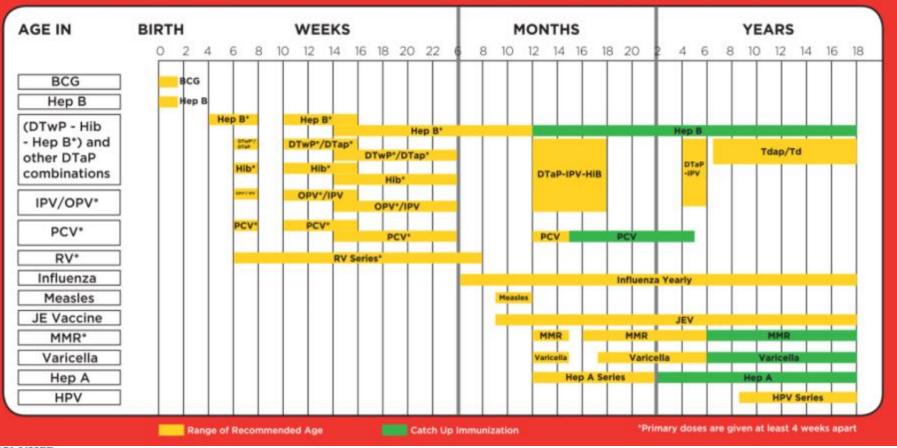
^{3.} Immunization in the Philippines Current Trends and the way forward accessible at: http://www.globe-network.org/sites/default/files/en/network/resource/12.joyce-ducusin.pdf

Current PH EPI Immunization Schedule



Covers approximately 10% of the birth cohort...

Childhood Immunization Schedule 2019



DISCLAIMER:

The Childhood Immunization Schedule presents recommendations for immunization for children and adolescents based on updated literature review, experience and premises 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, HPV*, JE*

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).

^{*} Available in selected areas only.

HOW DID THE ISSUE UNFOLD?
WHAT WAS THE RESPONSE AND
ACTION TAKEN BY AUTHORITIES,
MEDIA, HEALTHCARE WORKERS,
PUBLIC?



Dec 2017

- Dec: temporary suspension of the dengue vaccination program
- 04 Dec: Justice Department orders the National Bureau of Investigation to look into the dengue vaccination program
- 05 Dec: PhilFDA suspends the sale and distribution of Dengvaxia.
- 07 Dec: Health Department returns unused doses, asks for refund of PhP 3.5B
- 11Dec: House and Senate will again investigate dengue vaccination program.
- 14 Dec: Former Pres Aquino, under whose administration the deal was approved, attends the Senate hearing on the vaccine program.

2018

- 10 Jan: The Public Attorney's Office (PAO) conducts an autopsy on five vaccinated children who died
- 11 Jan: :Some parents in Zamboanga refuse the DOH's deworming program due to the Dengvaxia scare.
- 02 Feb: UP-PGH experts' panel report is released: no direct link between the deaths and the vaccine
- 05 Feb: Sanofi Pasteur turns down the Health Department's demand to refund used dengue vaccine vials, and also rejects the Department of Health's request to financially support hospitalized vaccinated children.
- PAO files a civil case against Garin, former Undersecretary Kenneth Uy, and other health officials of implementing the program in undue haste even if "the product has no proven safety and efficacy."

Batang hinihinalang namatay sa Dengvaxia, 'pinageksperimentohan'?

ABS-CBN News

Posted at Jan 24 2018 11:20 PM | Updated as of Jul 18 2019 04:07 PM







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Friends of Public Attorney's Office - PAO was live. January 3 - 6

4.7 out of 5 - Based on the opinion of

108th Dengvaxia dead victim, 3 doses (4/9/16; 11/23/16; 6/27/17). Died





Friends of Public Attorney's Office - PAO was live. January 3 - 6

108th Dengvaxia dead victim, 3 doses (4/9/16; 11/23/16; 6/27/17). Died this morning (January 3, 2019), before forensic examination upon the request of her mother and father R R R R R R r not yet infected with dengue before mass indiscriminate vaccination starting Garin's time. part 1.

WARNING: This video contains graphic medical content that some viewers may find disturbing.

Viewer Discretion is Strongly Advised.

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PAO Chief Acosta: 'Kapag nagoutbreak, kasalanan ko? Bakit ako ba 'yung lamok?' | 24 Oras



So what went wrong?

- POLITICS
- PUBLIC MISINFORMATION
- PANIC
- Coming together in a perfect storm...

HOW DID IT AFFECT VACCINE COVERAGE AND ANY OTHER IMPACT?

Dramatic drop in vaccine confidence in the Philippines



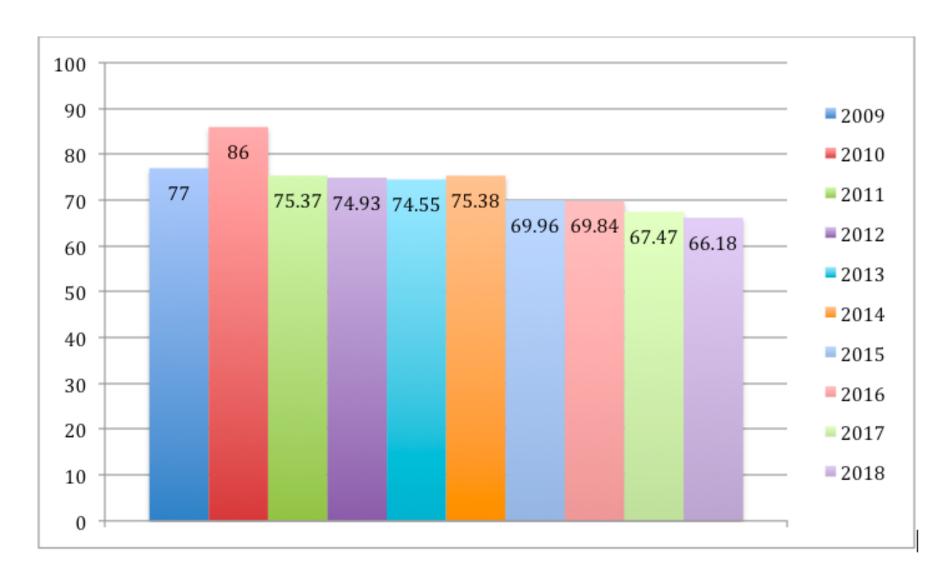
1,500 participants were re-surveyed in 2018 to analyze the Philippines' confidence data against 2015 data for the country 2

Vaccine **safety**: four-fold drop in confidence from 82% strongly agreeing that vaccines are safe in 2015 to only 21% in 2018 2

Confidence in the effectiveness of vaccines dropped from 82% in 2015 to 22% in 2018 2



FIC rates have been declining ...

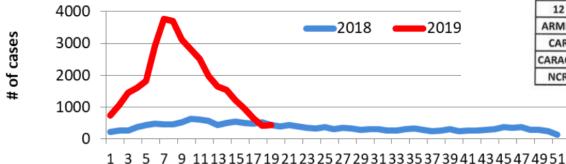


Measles outbreak declared 07 Feb 2019

Table 1: Cumulative Measles Cases by Region

- Current measles outbreak started late 2017 in Mindanao.
- In 2018, 20,827 cases were reported with 199 deaths.
- DoH declared measles outbreaks in 5 Regions (Region NCR, III, IVA, VI, VII) on 7 February 2019
- 1 January and 11 May 2019: 34,950 measles cases, 477 deaths, CFR 1.37%

Figure 1. Measles Cases by Week of Rash Onset
1 January 2018-11 May 2019



Epidemiological weeks

11 May 2018 vs 11 May 2019

2019 Region Cases Deaths %CFR Cases Deaths %CFR 8,580 0.9 34,950 477 01 125 0 0 1.548 19 1.2 02 29 0 0 2 531 1.0 03 278 1.4 5,803 107 1.8 04A 256 2 0.8 6,481 117 1.8 04B 23 0 0 1.488 16 1.1 0.8 05 33 0 1,048 0 06 112 0 2,102 0.3 07 167 1 0.6 1.719 11 0.6 08 19 0 0 1,460 31 2.1 0.2 1,018 5 0.5 09 469 10 2 0.2 10 817 1,808 0.6 11 1,065 13 1.2 12 882 1.4 12 857 9 1.1 678 5 0.7 2.815 ARMM 23 0.8 617 1.0 0 CAR 25 0.3 579 CARAGA 93 1 1.1 986 0.9 NCR 848 15 1.8 6.751 114 1.7

Source: Philippines Department of Health Measles-Rubella Surveillance Reports 2019

Dengue outbreak declared 07 August 2019



622 DE

CALABARZON

REGION 6 23,330 cases



Republic of the Philippines
Department of Health
Kagawaran ng Kalusugan





Dengue Surveillance Report

Epidemiology Bureau
Public Health Surveillance Division

Date of Report: September 13, 2019 Inclusive Date: January 1 – August 31, 2019 (MW 35)

A. Reported Dengue Cases for MW35 (August 25 to August 31, 2019)

As of September 13, there were 12,526 reported dengue cases for August 25 to 31, 2019 (MW35). This is 52% higher compared to the same time period in 2018 (n=8,254). There were 41 deaths reported for this MW alone, giving a CFR of 0.33% (Table 1).

Table 1. Cumulative Reported Dengue Cases by Region

January 1- August 31, 2019 vs January 1- August 31, 2018

		2019		2018						
Region	Cases reported for Morbidity Week (MW) 35	Dea repo	per of oths orted W 35 FR)	Cumulative Number of Cases reported	Cumulative Number of deaths reported	Cases reported for Morbidity Week (MW) 35	rep for I	ber of aths orted MW 35 CFR)	Cumulative Number of Cases reported	Cumulative Number of deaths reported
	August 25 to 31, 2019	Augu to 31,		August 24	January 1 to August 31, 2019	August 25 to 31, 2018		ust 25 , 2018	January 1 to August 31, 2018	January 1 to August 31, 2018
PHILIPPINES	12,526	41	0.33	271,480	1,107	8,254	33	0.40	127,478	655

REGION 12 11,083 cases unicef®

Since 01 Jan2019:

292 076 total cumulative cases, CFR 0.25

1

REGION 9 12,317 cases

Data Source: DOH Surveillance Reports

Polio outbreak declared 19 Sep 2019

The New Hork Times

Philippines Declares Polio Outbreak After 19 Years Free of the Disease

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Polio and measles vaccinations in Manila in 2014. The Philippine government on Thursday announced one new case of polio.

Gregorio B. Dantes Jr./Pacific Press, via Getty Images

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positive for VDPV2: avao City on 22 Auand 6 July 2019. The n all VDPV2 isolates. age with any other

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WHAT WERE THE KEY FACTORS / LEARNINGS AND WHAT HAS BEEN DONE DIFFERENTLY SINCE?

Restoring trust in vaccination through public private partnership





An Urgent Plea from the
PHILIPPINE PEDIATRIC SOCIETY and the
PEDIATRIC INFECTIOUS DISEASE SOCIETY OF THE PHILIPPINES
Immunize Eligible Children Against
Vaccine-Preventable Diseases

06 February 2019

Dear Colleagues:

The ongoing increase in measles cases in the Philippines is alarming. A recent Department of Health Philippine integrated Disease Surveillance and Response (PIDSR) report showed that out of almost 22,000 cases of clinical measles rubella reported between Jan-Dec 2018, there were 5,120 confirmed measles cases. Among these cases, about 200 deaths were reported, among which 59 were confirmed measles deaths. This reflects a staggering 547% increase in cases compared to the previous year (791 cases and 17 deaths in 2017). Of note, 70% of cases and 88% of deaths due to measles had not been vaccinated. All regions in the country have been affected by this crisis.

Meastes is a highly communicable disease, having an attack rate of 90% among susceptible exposed individuals. More than 95% of a given population needs to be protected to interrupt ongoing transmission. 2. The World Health Organization aims to "achieve at least 95% coverage with both the first and second routine doses of meastes vaccine (or meastes-rubella-containing vaccine as appropriate) in each district and nationally" as part of the Global Meastes and Rubella Strategic Plan 2012-2012. Unfortunately, the National Demographic and Health Survey revealed a decreasing trend in the number of vaccinated children, from 80% in 2008 to 70% in 2017.4 Recent news articles have quoted DOH officials confirming a further decline in vaccination coverage to about 80% last year.*

We, as healthcare providers, have the responsibility of educating our patients about the importance of disease prevention through immunization. We should take every opportunity to convince and reinforce the message that the vaccines available to prevent diseases are safe and highly effective, and that vaccination remains the main intervention in reducing morbidity and mortality against infectious diseases.

In addition to the above, some activities that we can embark on include:

1. As individual clinicians:

- a. Ensure up-to-date immunization of all our patients.
- b. Provide the first dose of measles-containing vaccine (monovalent measles, MR, MMR) to infants starting at age 6 months instead of the usual 9 months of age, as recommended in the Childhood Immunization Schedule.

page 1 of 2













Reconstitution of the NIC



September 11, 2018

DEPARTMENT PERSONNEL ORDER

No. 2018 - 4758

SUBJECT : Reconstitution of the National Immunization Committee (NIC)

The National Immunization Committee (NIC) was created since 1986 under the Ministry Order No. 327-A s.1986 to serve as the advisory committee to the national Expanded Program on Immunization. The NIC was reconstituted to strengthen the implementation of the immunization program and to provide direction and technical support on policies and plans pertaining to the immunization program.

This order supersedes DPO N. 2016-0968 dated March 15, 2016 and its amendments.





Home Category / National / Bill limits DOH secretary's choices of vaccines

Bill limits DOH secretary's choices of vaccines

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Published December 30, 2018, 4:55 PM

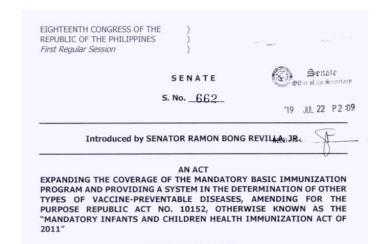
By Charissa Luci-Atienza

Camarines Sur Rep. Luis Raymund Villafuerte wants to repeal the discretion given to the Department of Health (DOH) secretary to augment the list of vaccine-preventable diseases in the mandatory basic immunization program.

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INTRODUCED BY SENATO	OR CHRISTOPHER LAV	WRENCE "	BONG" T. GO	

"MANDATORY INFANTS AND CHILDREN HEALTH IMMUNIZATION ACT OF

2011"



RECOMMENDATION:

CREATION OF A TRANSPARENT DECISION AND PROCUREMENT SYSTEM

NITAG URGENTLY NEEDED!!!

In 1976, the Philippines established its Expanded Program on Immunization (EPI) to reduce morbidity and mortality among children brought about by the most common vaccine-preventable diseases, by ensuring that infants/children and mothers have access to routinely recommended infant/childhood vaccines.¹

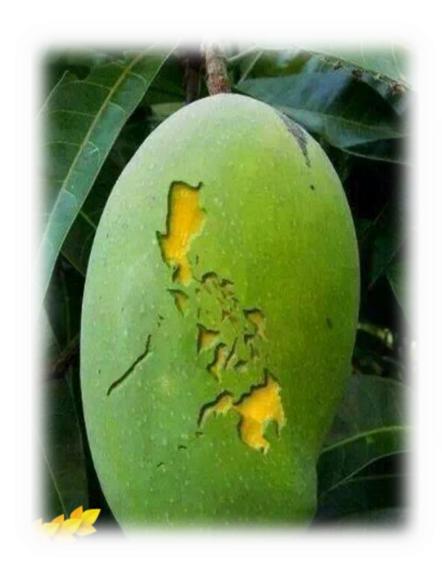
In 2011, the Republic Act No. 10152, known as the Mandatory Infants and Immunization Act of 2011^{II} was enacted in accordance with Article II, Section 15 of the Constitution, to enable the government to take a proactive role in the preventive health of infants and children. RA 10152 allowed the State to adopt a comprehensive, mandatory, sustainable immunization program for vaccine-preventable diseases for all infants and children for vaccine-preventable diseases such as TB, diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, H. influenzae type B, and "such other types as may be determined by the Secretary of Health in a department circular."

The Department of Health (DOH)'s strategies to implement the EPI are the following:

- Routine immunization for infants/children/women through the Reaching Every Barangay (REB) Strategy, an adaptation of the WHO-UNICEF Reaching Every District (RED), with 5 components: data analysis for action, re-establish outreach services, strengthen links between community and service, supportive supervision, and maximizing resources.
- Supplemental Immunization Activity (SIA), which are used to reach children who have not been vaccinated or have not developed sufficient immunity after previous vaccinations (conducted either nationally or subnationally- in selected areas).

Conclusions

- Threats to vaccination confidence can exist even in settings with high disease prevalence
- Issues must be well defined for relevant solutions to be proposed
- Opportunities to reinforce vaccine confidence are present, even in seemingly disastrous situations



Salanjat Mangat