



# **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**



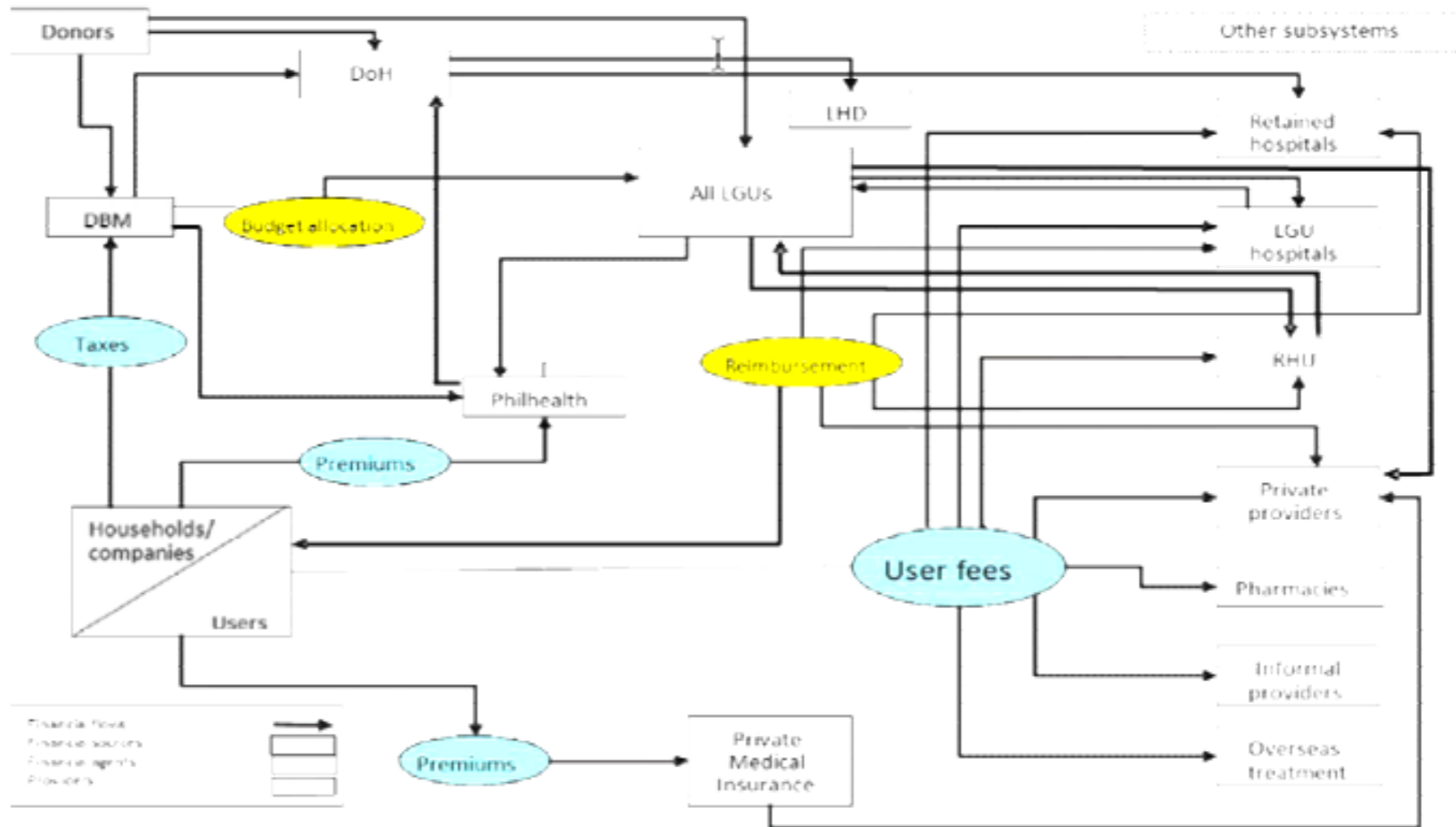
**7,100 islands**

**Population:  
106,335,808**

**Eligible  
Population:  
2,832,883**

# At A Glance

## Health Financing Flow



Source: HSRA Monograph on Health Care Financing, Department of Health

Devolved to LGU ( Local Government Unit ) since  
1991



**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**

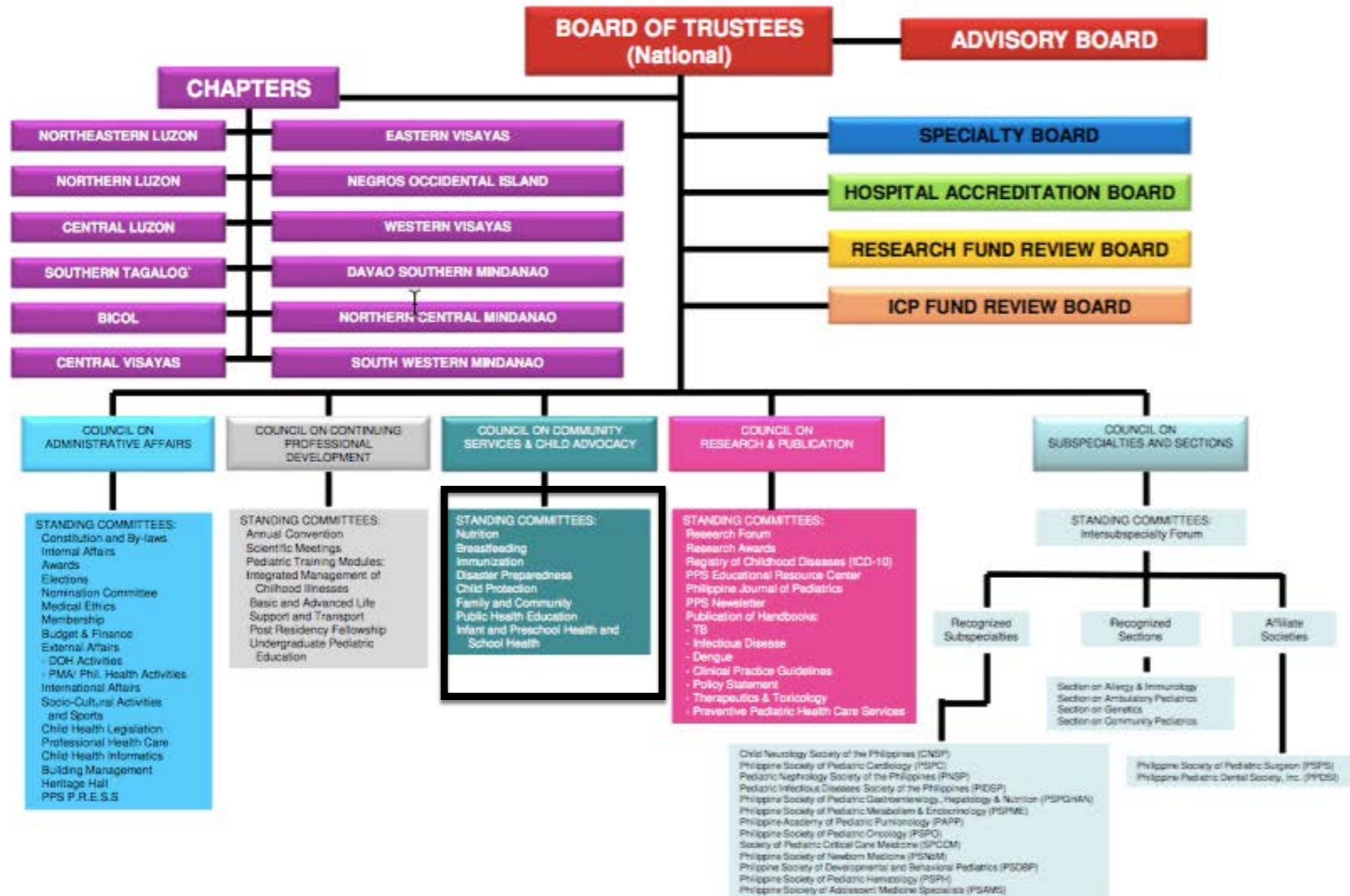


**We are A Professional Organization of  
Physicians caring for newborns, infants, children  
and adolescents**

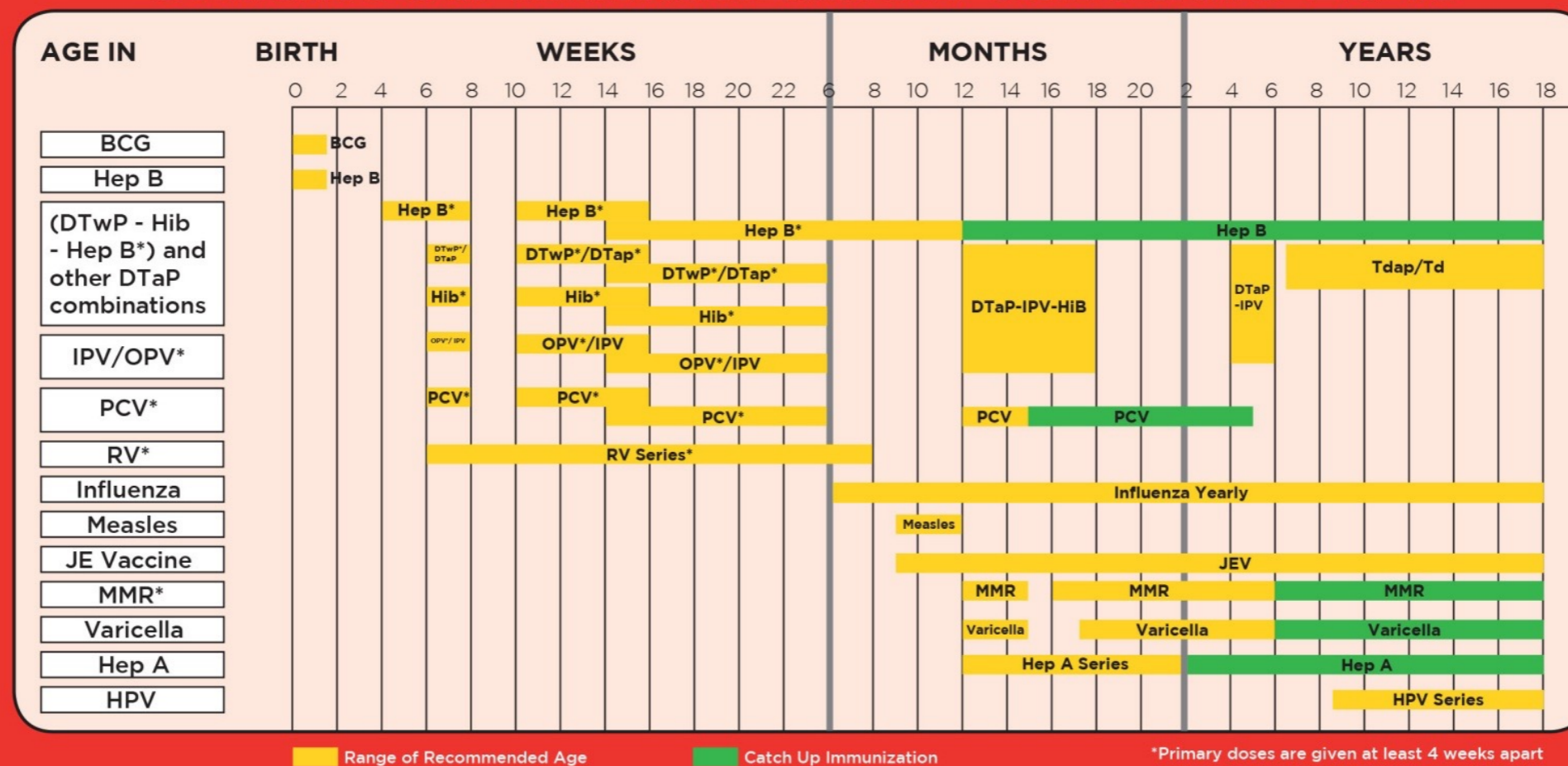
**Focus : Training, Research and Advocacy**

**Membership : 5, 800 Pediatricians**

# PHILIPPINE PEDIATRIC SOCIETY, INC. ORGANIZATIONAL STRUCTURE



# Childhood Immunization Schedule 2018



## 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 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**

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advocacy thru educational campaigns and a harmonized  
reporting of immunization coverage rates

**HIGHLIGHT IMMUNIZATION AS A TOP PRIORITY  
PROJECT OF PPS**

## Awarding of the CDC-AAP Grant to PPS for Advocacy on Immunization through EDUCATION



(Dr. Mila S. Bautista, PPS 2014-2016 President, flanked by Drs. Josie Eusebio and Cynthia Aguirre, receiving the grant from Drs. Louie Cooper and Professor Yvonne Maldonado of the AAP, San Diego, USA, August 2015)

### 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

#### 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

# **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

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

**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**  
**Gobal Child Health**

**PHASE 1**

PHILIPPINE PEDIATRIC SOCIETY WESTERN VISAYAS CHAPTER



# Jan 2017, Agreed upon Template with NIP Head

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

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

Antigens	Male			Female			Total		
	<15mos	≥15-24mos	>24mos	<15mos	≥15-24mos	>24mos	<15mos	≥15-24mos	>24mos
BCG							5		
Hep B (birth dose)							18		
Hep B1							84	1	5
Hep B2							65		3
Hep B3							50	3	
Hep B booster							30	11	22
DPT 1							68	2	2
DPT 2							41	7	
DPT 3							46		
DPT booster							26	19	26
Hib 1							64	6	
Hib 2							30	7	
Hib 3							40	1	5
Hib booster							9	21	13
OPV/IPV 1							71	6	
OPV/IPV 2							39	12	
OPV/IPV 3							44		
OPV/IPV booster							9	19	16
Measles							16	7	7
MMR 1							12	17	2
MMR 2								5	16

Antigens	Male			Female			Total		
	<15mos	≥15-24mos	>24mos	<15mos	≥15-24mos	>24mos	<15mos	≥15-24mos	>24mos

# PUBLIC AND PRIVATE PARTNERSHIPS

Success Story: Teaching. . Modelling. . Advocating. . Championing. . Networking. . Inspiring. . .





Come back to BAKuna,  
Back to your Health Center.

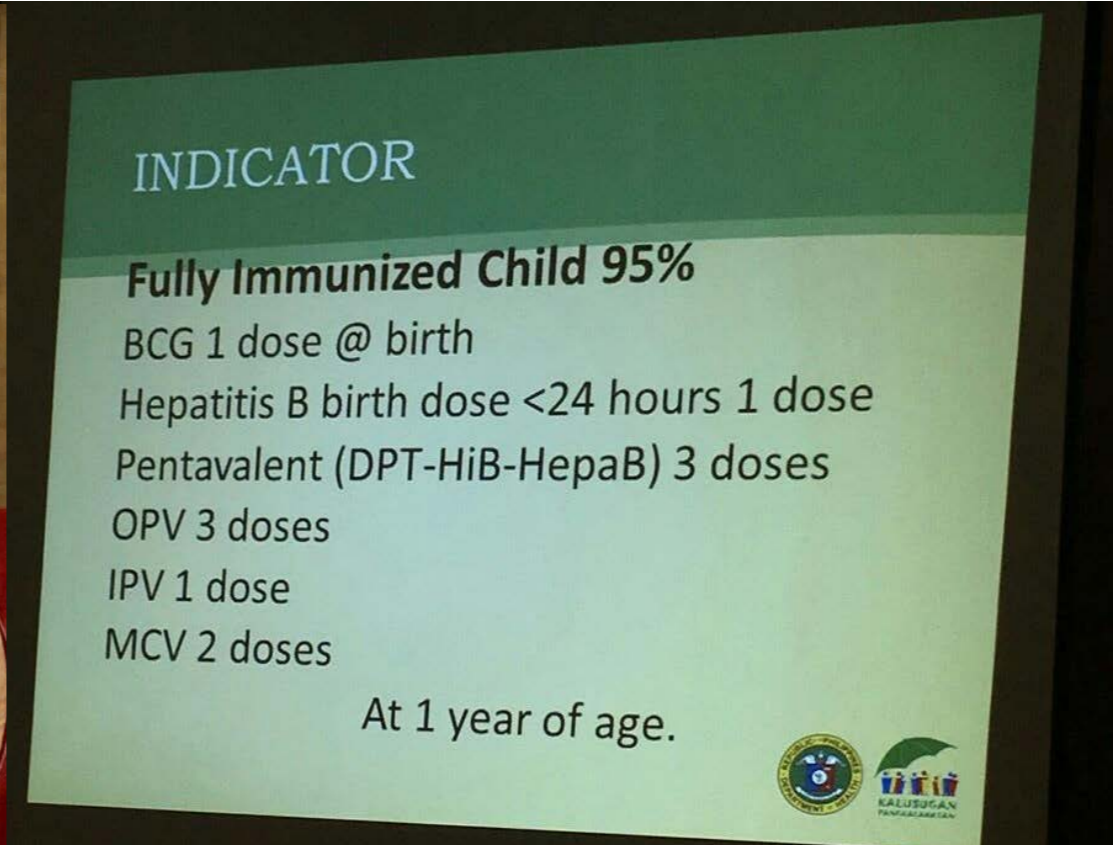
**FORUM ON IMMUNIZATION**

1:00PM March 10, 2018  
KCC Mall de Zamboanga, Zamboanga City





# PUBLIC AND PRIVATE PARTNERSHIPS



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**

# PHILIPPINE PEDIATRIC SOCIETY ANNUAL CONVENTION, APRIL 2017 PICC

#PPS@70: A CONTINUING COMMITMENT TO THE FILIPINO CHILD  
APRIL 2-5, 2017 // PHILIPPINE INTERNATIONAL CONVENTION CENTER (PICC)

**SPEAKER PROFILE & ABSTRACT PLENARY LECTURES**



**ADVOCACY ON IMMUNIZATION: THE WAY TO GO**

In order for pediatricians to protect children's health and well-being, they often must move beyond individual-based solutions. Advocacy allows pediatricians to be a part of broader systemic change and impact community norms and public policy. This presentation will provide an overview of the on-going partnership between the American Academy of Pediatrics and the Philippine Pediatric Society and how they work together to address immunization priorities in both countries. Through the presentation, PPS members will learn how to become of an immunization advocate through the lens of PPS' project experience and past experiences of the AAP. This presentation will highlight how a pediatrician's unique set of skills, along with their role as a member in their national pediatric society, allows them to be natural advocates. Pediatricians are viewed as credible and trustworthy, and have skills in relationship building and working with people. As members of their National Society, pediatricians have established networks with like-minded individuals who all care about the health and well-being of children. These credentials make pediatricians uniquely qualified to advocate for greater change. This presentation will also include a discussion on how Philippine Pediatric Societies members can best use these innate skills and existing networks to develop messaging and advocacy plans to influence immunizations system strengthening at multiple levels within communities in the Philippines. Additionally, attendees will learn about the advocacy activities and current recommendation of AAP's key advocacy body, the Committee of Infectious Diseases. As a result of attending this talk, PPS members will gain greater understanding of the current state of immunizations in the Philippines, how global immunization priorities can be adapted to these issues, and how to advocate for immunization challenges they identify in their daily practice.

**PLENARY 9**

**YVONNE A. MALDONADO, MD, FAAP**

- Senior Associate Dean for Faculty Development and Diversity
- Professor of Pediatrics and Health Research and Policy
- Chief, Division of Pediatric Infectious Diseases Stanford University School of Medicine
- Berger-Raynolds Distinguished Fellow and Attending Physician
- Lucile Packard Children's Hospital at Stanford

**EDUCATION AND TRAINING**

- Stanford University School of Medicine Specialty and Subspecialty
- Pediatrics (Infectious Diseases)
- Health Research and Policy

**CURRENT AND SIGNIFICANT PAST POSITION/S:**

- Senior Associate Dean for Faculty Development and Diversity
- Professor of Pediatrics and Health Research and Policy
- Chief, Division of Pediatric Infectious Diseases, Stanford University School of Medicine
- Berger-Raynolds Distinguished Fellow
- Attending Physician, Lucile Packard Children's Hospital at Stanford

54TH PPS ANNUAL CONVENTION | 51



**Phase 2**  
 Continuing Medical Education  
 PPS, PDSP, PFV

# **CDC- AAP-PPS PARTNERSHIP**

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**DENGVAXIA  
HAPPENED**



# The PHILIPPINE PEDIATRIC SOCIETY, INC.

**COUNCIL ON CONTINUING PROFESSIONAL DEVELOPMENT  
Committee on Scientific Meetings**

in cooperation with the

cordially invite you to a

**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, 2<sup>nd</sup> Floor, PPS Bldg.  
52 Kalayaan Avenue, Brgy. Malaya, Diliman Quezon City

\_\_\_\_\_, M.D.  
(This serves as an invitation.)  
**PPS CPD Units**



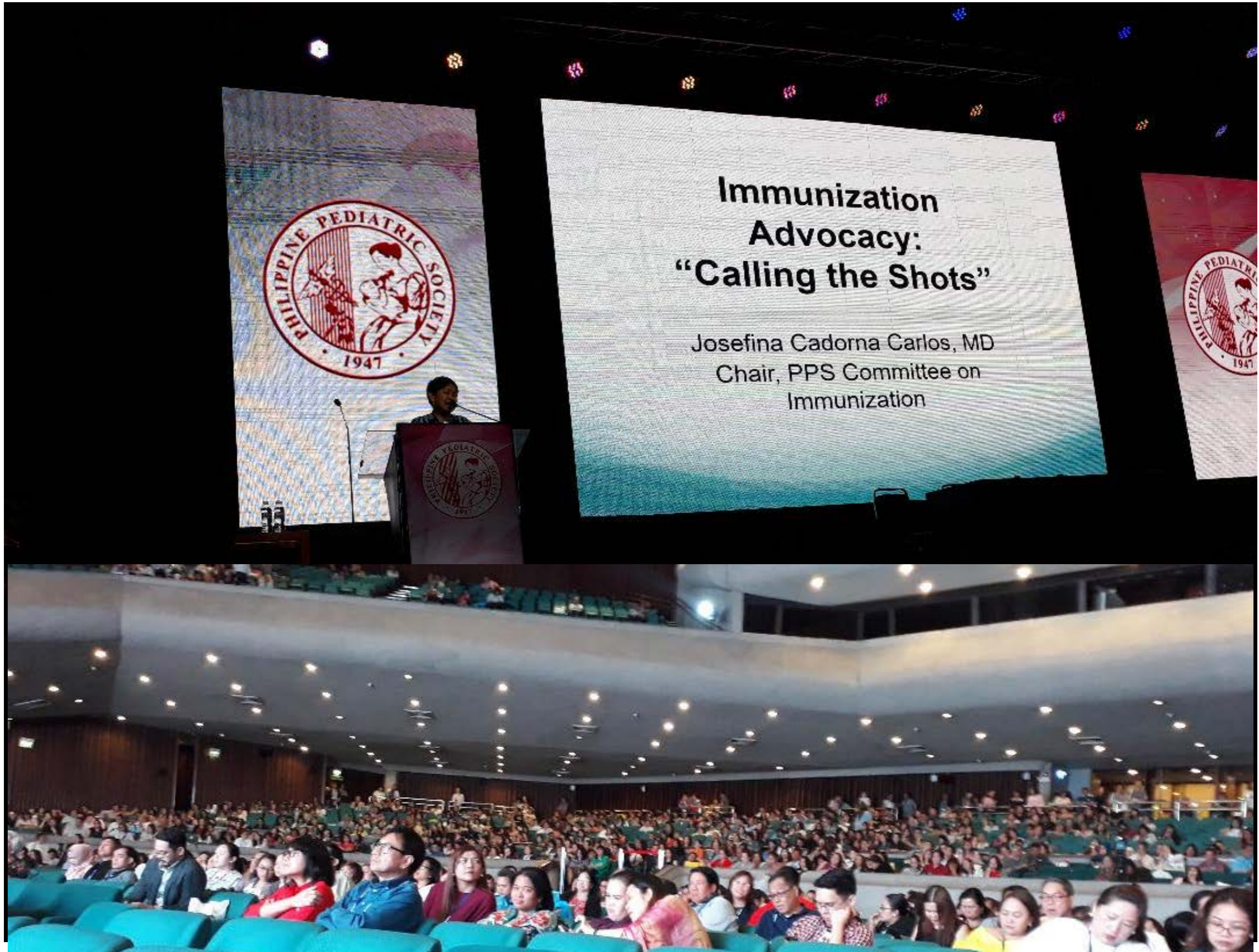
# PPS - PIDSP WRITESHOP ON IMMUNIZATION ( CDC -AAP-PPS )



# PRECONVENTION WORKSHOP: PPS ANNUAL CONVENTION 2018



# TWILIGHT SYMPOSIUM : PPS ANNUAL CONVENTION 2018



# Doctor for Truth

*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 26 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

# DENG VAXIA CONTROVERSY



## PHILIPPINE FOUNDATION FOR VACCINATION, INC.

Suite 17D University Towers, 728 Pedro Gil St., Malate  
1004 Manila, Philippines  
Telephone no.: +632 7084561 Mobile Phone: +639175011599  
Email: [pfvinc@yahoo.com](mailto:pfvinc@yahoo.com) [www.philvaccine.org](http://www.philvaccine.org)

### VACCINES: THE SCIENCE, THE POLICY, AND THE WAY FORWARD A MULTI-STAKEHOLDER FORUM

How Can We Restore Confidence in Vaccination?

2 May 2018  
1:00 to 5:00 pm  
Function Room 2, SMX Convention Center, Pasay City

**Objective:** To be able to instill the confidence of the public in vaccination, based on the wealth of science and the expertise behind it

#### TENTATIVE Programme:

- |              |  |  |
|--------------|--|--|
| 1:00 to 1:15 | Opening Message  | Dr. Cecilia S. Montalban, President, PFV   |
| 1:15 to 2:00 | Session 1: THE SCIENCE: Why We Vaccinate                             |  |
|              | Speaker:   | Dr. Salvacion Gatchalian   |
|              | Panelists:   | Dr. Josefina C. Carlos<br>Dr. Edsel Salvaña<br>Dr. Cecilia S. Montalban  |
|              | Moderator:   | Dr. Rontgene Solante   |
| 2:00 to 2:45 | Session 2: THE POLICY: How Do We Implement Vaccination Programs      |  |
|              | Speaker:   | Dr. Francisco Tranquilino  |
|              | Panelists:   | Dr. Madeline Valera<br>Dr. Dominga Padilla<br>Dr. Charles Yu<br>Dr. Junice Demeterio Melgar                              |
|              | Moderator:   | Dr. Esperanza Cabral   |
| 2:45 to 3:00 | Coffee Break   |  |
| 3:00 to 3:45 | Session 3: THE WAY FORWARD: Challenges, Opportunities and Strategies |  |
|              | Speaker:   | Dr. Enrique A. Tayag   |
|              | Panelists:   | Dr. Benito Atienza<br>Dr. Anna Lisa T. Ong-Lim<br>Dr. Anna York Bondoc<br>Dr. Beaver Tamesis<br>Ms. Karen Ida Villanueva |
|              | Moderator:   | Dr. Lulu Bravo   |

3:45 to 4:00 pm Wrap Up Closing: Former Secretary of Health Dr. Esperanza Cabral

**Participants:** Healthcare Workers, Policy Makers, Patient Groups, Industry, Media and other concerned groups

Supported by:  
DOH, PMA, PIDSP, PCP, PSMID, PPS, PHAP, PAPO, IPAP, ISTD Phil. Chapter



# PMA CONVENTION:PPS SESSION ON IMMUNIZATION MAY 16,2018 PICCC



# 2017 Fully Immunized Children by Region

as of May 15, 2018

Area	Eligible Pop. (Total Pop. X 2.7%)	Fully Immunized Children	
		Total	%
<b>PHILIPPINES</b>	<b>2,832,883</b>	<b>1,866,674</b>	<b>65.89</b>
N C R	348,812	272,444	78.11
C A R	49,878	30,435	61.02
Region 1	142,108	96,791	68.11
Region 2	97,082	63,047	64.94
Region 3	308,533	207,556	67.27
Region 4A	395,803	242,612	61.30
Region 4B	86,845	44,951	51.76
Region 5	169,200	92,367	54.59
Region 6	213,837	135,411	63.32
Region 7	207,623	131,711	63.44
Region 8	127,032	78,001	61.40
Region 9	105,196	71,349	67.82
Region 10	131,148	106,106	80.91
Region 11	139,135	97,745	70.25
Region 12	129,066	85,115	65.95
A.R.M.M.	105,215	52,893	50.27
CARAGA	76,372	58,140	76.13

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

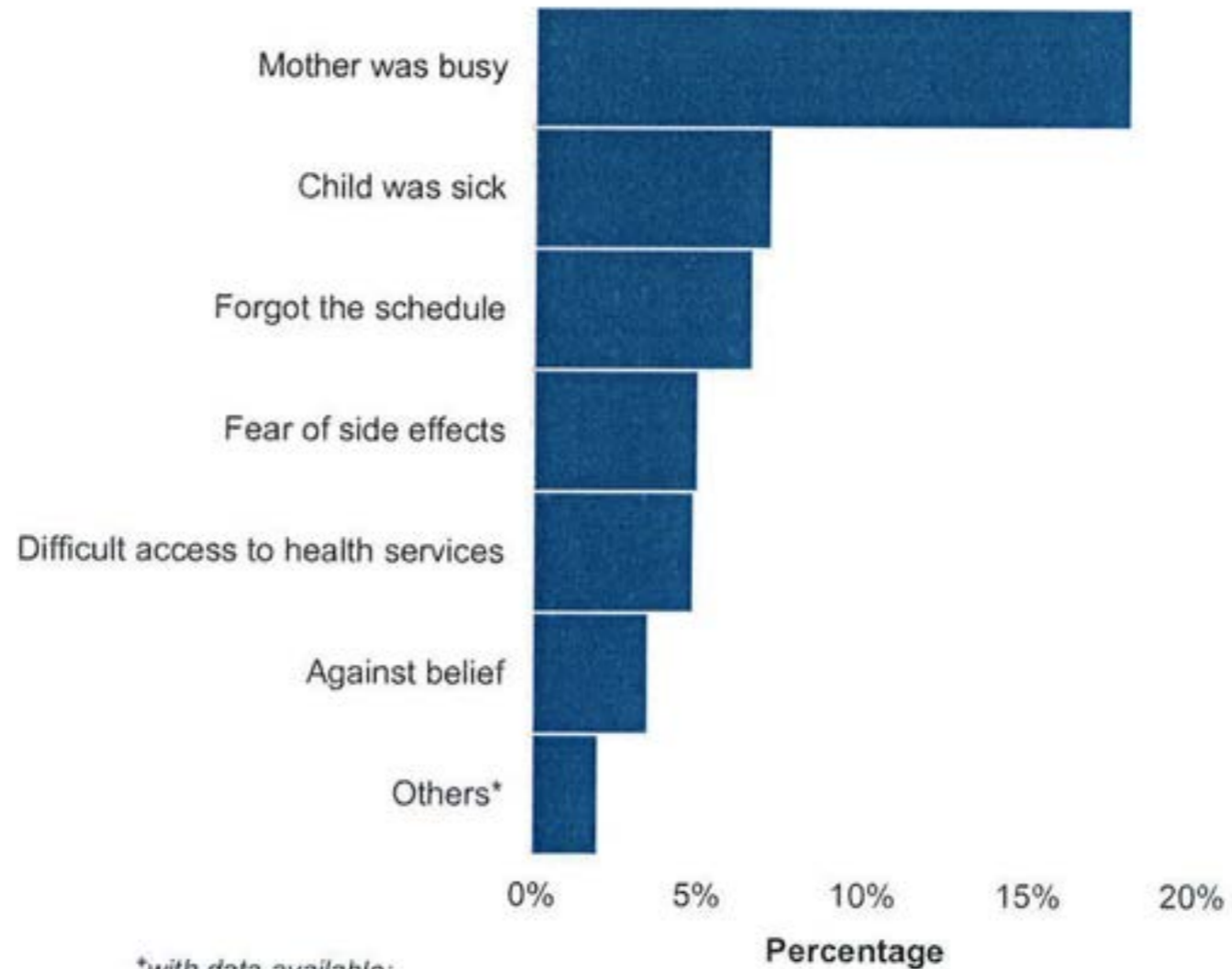


Boosting  
Universal Health Coverage

Republic of the Philippines  
Department of Health  
Office of the Secretary



Measles Cases, Figure 4. Reasons for Non-vaccination of Measles Vaccine\*, Philippines, January to March 2018



\*with data available;

\*other reasons: moves residence, history of travel, parents refused, war conflict, lack of knowledge, child was abandoned, medical contraindication





COMMITTEE ON IMMUNIZATION

**COMMIT TO SAVE LIVES...  
CALL THE SHOTS!**

**THE YEAR IN REVIEW**



**SALAMAT PO**





(1) “Forum on Immunization”, 25 Jan 2018, 1-3  
PM, PPS Bldg.

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

55<sup>th</sup> 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**

Vaccine Preventable Diseases	Total No of Cases	Confirmed Cases		
		Cases	Deaths	CFR %
Measles	4,492	761	14	1.84
Rubella		25	0	0.00
Diphtheria	25	9	4	44.44
Pertussis	63	16	1	6.25
Neonatal Tetanus	-	8	5	62.50
Polio (AFP Surveillance)	71	0	0	-

## Case Definition: Measles-Rubella

<b>Reported Measles Case</b> <i>(Suspect measles case)</i>	Any person with fever and maculopapular (non-vesicular) rash and either cough, coryza (runny nose), or conjunctivitis (red eyes)
<b>Measles compatible case</b> <i>(Clinical measles)</i>	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
<b>Confirmed measles case</b>	Laboratory confirmed + epidemiologically linked measles cases
<b>Epidemiologically linked</b> <i>(Epi-linked case)</i>	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
<b>Laboratory confirmed rubella</b>	A suspect case with a positive laboratory test result for rubella-specific IgM antibodies or other approved laboratory test method
<b>Discarded non-measles/rubella</b>	A case that meets the clinical case definition for measles and tested negative for both measles and rubella testing
<b>Pending</b>	A case that is pending for transport or for laboratory testing, hence with pending classification.

