AN ACT

EXPLANATORY NOTE

In 2016, the Department of Health (DOH) has released a survey showing results that there are around 3,670 cases of children aged 5 years and below hospitalized for Rotavirus Diarrhea in the Philippines. The agency also reported a total of 229 diarrheal cases received from regional hospitals as they performed an outbreak investigation.¹ Globally, there are 215,000 cases of deaths caused by the Rotavirus which accounts to 3.4% of all child deaths.²

In Asia, the Japanese Encephalitis (JE) is the leading cause of viral encephalitis resulting in brain inflammation that also leads to brain infection which includes symptoms such as high fever, chills, and headache. This disease is transmitted by Culex mosquitoes breeding in water pools or flooded rice fields. In the Philippines, families in nearby pig farms and rice fields are the most vulnerable. In Region I, II, and III, there were 340 cases of Japanese Encephalitis in 2018.³

As for Pneumococcal Conjugate, just like the Rotavirus, this mostly victimized children below 5 years old and adults over 55 years old, especially those with heart diseases. This may come from indoor air pollution or overpopulated neighborhoods. In 2008, the Pneumococcal Conjugate became the 4th leading cause of death with 35,756 Filipinos, and a number of 586,186 Filipinos suffering from pneumonia and respiratory tract infections.4

As of 2018, there are 7,190 new cervical cancer cases diagnosed yearly in the Philippines, and is the 2nd leading cause of female cancer in the country. This is very common in women ages 15 to 44 years old. In Asia there are 62,456 cases annually and 569,847 cases globally.5

Under the 1987 Philippine Constitution, it is the duty of the State to protect and promote health of the Filipinos and instill health consciousness among them. It is significant for the State to adopt an integrated and comprehensive approach to health development and make health and social services accessible to all at the most affordable cost.

With recent data supporting the increase of infection rates of these diseases among Filipino children, our efforts to strengthen existing health policies must also keep up with the needs of the times.

This bill seeks to expand the measures of the Republic Act No 10152 which mandates infants and children health immunization by including Rotavirus, Japanese Encephalitis (JE), Pneumococcal Conjugate Vaccine, and Human Papillomavirus Vaccine to the coverage. More importantly, it seeks to further highlight the task of the Secretary of the Department of Health (DOH) to determine other types of vaccine-preventable diseases. In order to democratize the process, this legislation requires the recommendations of the Formulary Executive Council (FEC) and the National Immunization Committee prior to the determination of new vaccines to be included in the National Immunization Program. This bill also serves as a counterpart legislation for Senate Bill No. 398 filed by Senator Bong Go.

In view of the foregoing, the immediate passage of this bill is earnestly sought.

ALFRED VARGAS

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AN ACT
EXPANDING THE COVERAGE OF THE MANDATORY BASIC
IMMUNIZATION PROGRAM AND PROVIDING A SYSTEM IN THE
DETERMINATION OF OTHER TYPES OF VACCINE-PREVENTABLE
DISEASES, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 10152,
OTHERWISE KNOWN AS THE "MANDATORY INFANTS AND CHILDREN
HEALTH IMMUNIZATION ACT OF 2011"

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

SECTION 1. This Section 3 of Republic Act No. 10152 is hereby amended to
read as follows:

“Section 3. Coverage. - The mandatory basic immunization for all
infants and children provided under this Act shall cover the following
vaccine-preventable diseases:

(a) Tuberculosis;
(b) Diphtheria, tetanus and pertussis;
(c) Poliomyelitis;
(d) Measles;
(e) Mumps;
(f) Rubella or German measles;
(g) Hepatitis-B;
(h) H. Influenza type B (HIB); [and]
(i) ROTAVIRUS;
(j) JAPANESE ENcephALITIS;
(k) PNEUMOCOCCAL CONJUGATE VACCINE (PCV);
(l) HUMAN PAPILLOMAVIRUS (HPV); AND
(m) Such other types as may be determined by the Secretary of
Health in a department circular[,] IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE FORMULARY EXECUTIVE COUNCIL (FEC) AND THE NATIONAL IMMUNIZATION COMMITTEE (NIC) CREATED AS AN ADVISORY GROUP TO PROVIDE TECHNICAL SUPPORT TO THE SETTING OF A DOH POLICY DIRECTION ON THE NATIONAL IMMUNIZATION PROGRAM (NIP).

xxx"

SECTION 2. A new section to be numbered as Section 7 is hereby added after Section 6 of the same Act to read as follows:


SECTION 3. Sections 7, 8, 9, 10 and 11 of the same Act are hereby renumbered as Sections 8, 9, 10, 11 and 12, respectively.

SECTION 4. This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,