



# Childhood Immunization Schedule 2016

Cynthia A. Aguirre MD.,FPPS,FPIDSP

# Committee on Immunization 2015



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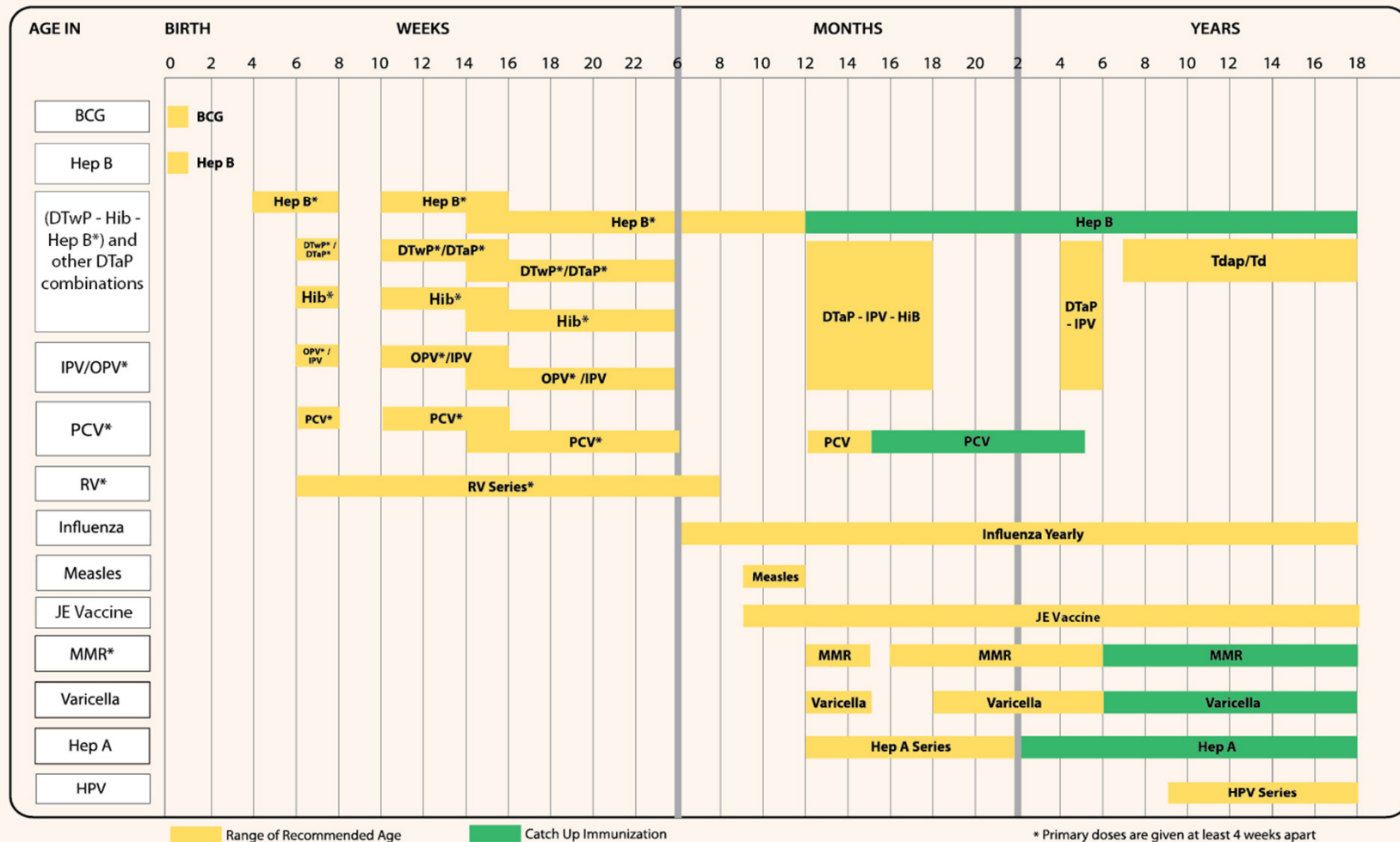
- Changes in 2016 Childhood Immunization Schedule
- Interim Dengue Recommendation
- PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

# Changes in the Childhood Immunization Schedule 2016



- EPI changed to NIP
- Include a separate NIP annotation
- JE vaccine included in the recommended vaccine group
- Quadrivalent influenzae vaccine included in influenza vaccine recommendation
- Hib recommendation for high risk children included in vaccines for high risk/special groups

# Childhood Immunization Schedule 2016



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- Pneumococcal conjugate vaccine (PCV), 3 doses given at 6-10-14 weeks of age
- Measles containing vaccine (either monovalent or MMR) given at 9 months of age
- Measles-Mumps-Rubella (MMR) vaccine given at 12 months of age
- Rotavirus vaccine given at a minimum age of 6 weeks with minimum interval of 4 weeks between doses. The last dose should be administered not later than 32 weeks.

A school based immunization program to provide catch-up doses for school children and adolescents has been established. Measles-Rubella (MR) vaccine and Tetanus-Diphtheria (Td) vaccines are administered to Grade 1 and Grade 7 students enrolled in public schools. Human Papillomavirus Vaccine (HPV) shall be given to female children 9-10 years old at health facilities in priority provinces. Quadrivalent HPV 2 doses are given at 0, 6 months.

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## Immunization Schedule Poster

Actual Size: 36" x 24" (w x h)



# Schedule ng Pagbibigay ng Bakuna para sa mga Batang Isang Taon Pababa



BAKUNA	SAKIT NA MAIIWASAN	PAGKAPANAKAN	NIREREKOMENDANG EDAD NG BATA				
			1½ BUWAN	2½ BUWAN	3½ BUWAN	9 BUWAN	1 TAON
BCG	Tuberkulosis	✓					
HEPATITIS B	Hepatitis B	✓					
PENTAVALENT VACCINE (DPT-Hep B-Hi B)	Dipterya, Tetano, Hepatitis B, Pertussis		✓	✓	✓		
ORAL POLIO VACCINE (OPV)	Polio		✓	✓	✓		
INACTIVATED POLIO VACCINE (IPV)	Polio				✓		
PNEUMOCOCCAL CONJUGATE VACCINE (PCV)	Pulmonya, Meningitis		✓	✓	✓		
MEASLES, MUMPS, RUBELLA (MMR)	Tigdas, Beke, German Measles					✓	✓

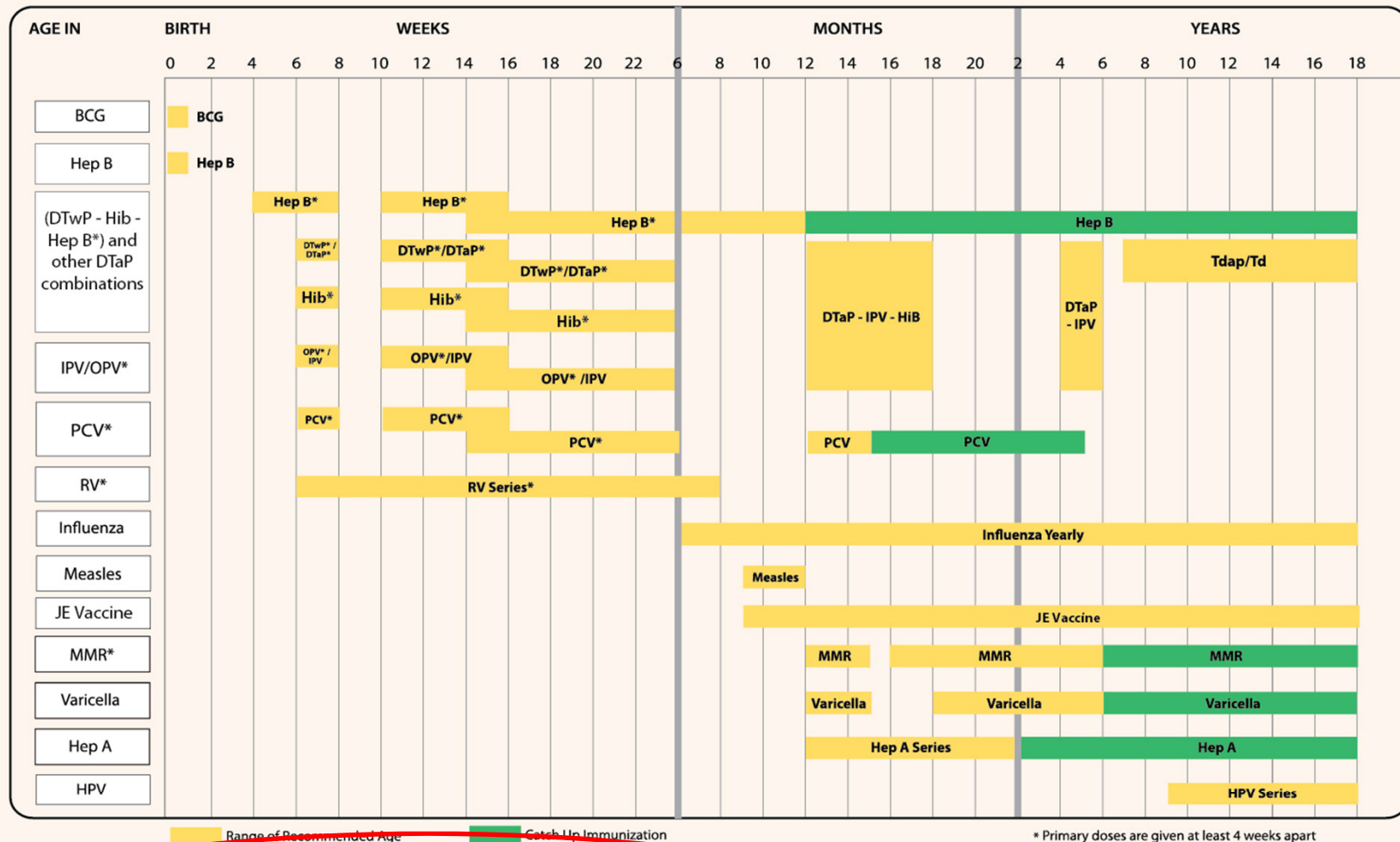
Ang mga bakunang wala dito ay maaring makuha mula sa pribadong ospital o doktor.

### MGA PAALALA

Nagsisimula ang pagbabakuna ng bata sa kapanganakan. Sundin ang schedule ng bakuna at siguruhing makumpleto ang mga ito hanggang sumapit ang kanyang unang kaarawan. Kung sakaling hindi nakumpleto and bakuna, maari pa ring bigyan ng pahabol na bakuna ang bata. Humingi ng payo sa health center tungkol dito.

**'Pag Kumpleto, Protektado**

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A school based immunization program to provide catch-up doses for school children and adolescents has been established. Measles-Rubella (MR) vaccine and Tetanus-Diphtheria (Td) vaccines are administered to Grade 1 and Grade 7 students enrolled in public schools. Human Papillomavirus Vaccine (HPV) shall be given to female children 9-10 years old at health facilities in priority provinces. Quadrivalent HPV 2 doses are given at 0, 6 months.

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# National Immunization Program (NIP)

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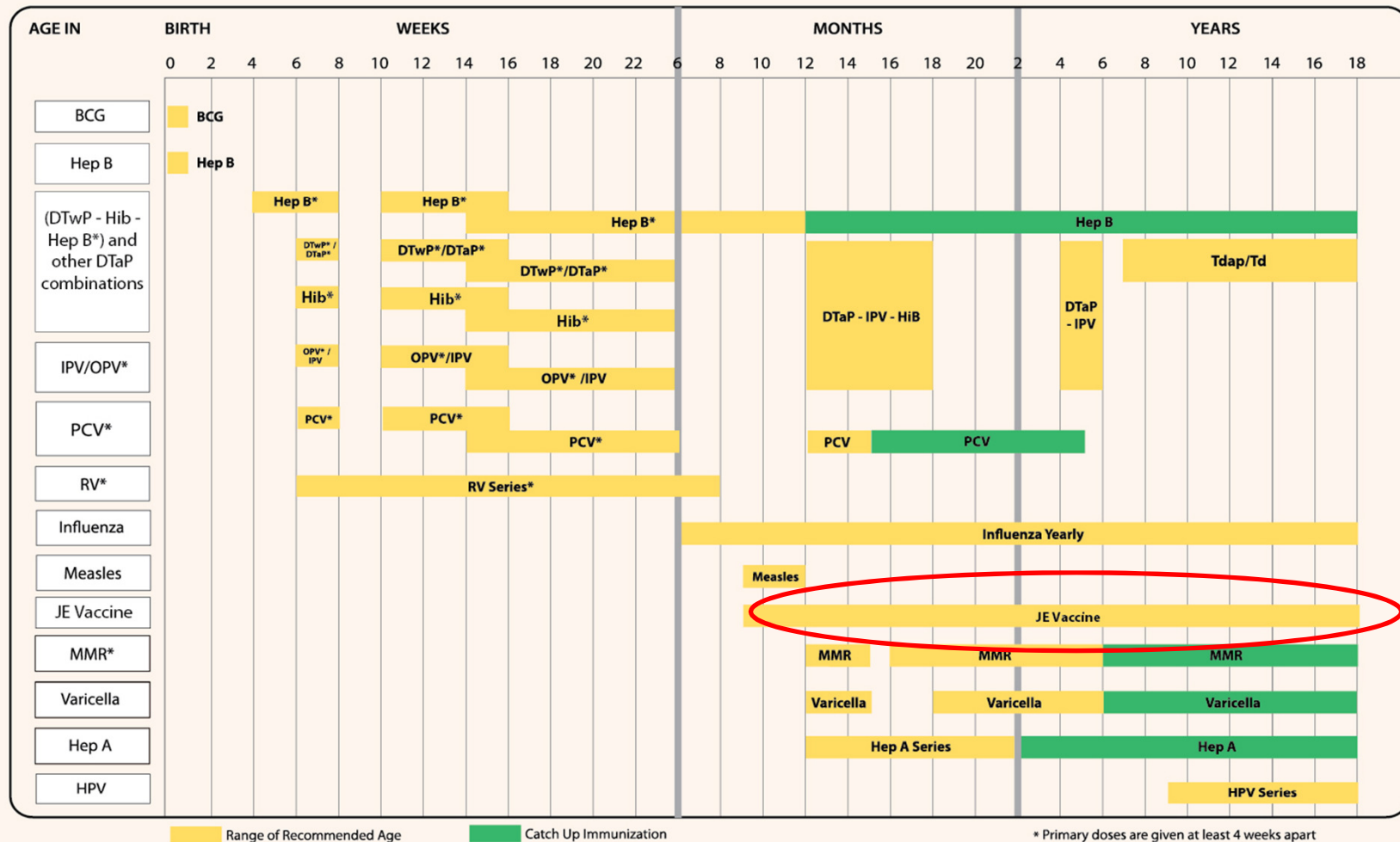
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- Pneumococcal conjugate vaccine (PCV), 3 doses given at 6-10-14 weeks of age
- Rotavirus vaccine given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses. The last dose should be administered not later than 32 weeks of age.
- Measles –containing vaccine (either monovalent measles vaccine or MMR) given at 9 months of age
- Measles-Mumps-Rubella (MMR) vaccine given at 12 months of age



## National Immunization Program (NIP)

- A school based immunization program to provide catch-up doses for school children and adolescents has been established . Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines are administered to Grade 1 and Grade 7 students enrolled in public schools
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## OTHER VACCINES:

### **Bacillus Calmette-Guérin (BCG)**

Given intradermally (ID)

The dose of BCG is 0.05 ml for children < 12 months of age and 0.1 ml for children > 12 months of age

Given at the earliest possible age after birth preferably within the first 2 months of age. For healthy infants and children > 2 months who are not given BCG at birth, PPD prior to BCG vaccination is not necessary. However, PPD is recommended prior to BCG vaccination if any of the following is present:

- Suspected congenital TB
- History of close contact to known or suspected infectious cases
- Clinical findings suggestive of TB and/or chest x-ray suggestive of TB

In the presence of any of these conditions, an induration of > 5mm is considered positive

### **Hepatitis B Vaccine (HBV)**

Given intramuscularly (IM)

The first dose is given at birth or within the 1st 12 hours of life. The minimum interval between doses is 4 weeks. The final dose is administered not earlier than age 24 weeks. Another dose is needed if the last dose was given at age < 24 weeks.

For preterm infants:

- If born to HBsAg (-) mothers and medically stable, the 1st dose of HBV may be given at 30 days of chronological age regardless of weight, and this can be counted as part of the 3-dose primary series.
- Another dose of HBV is needed for those < 2 kgs whose 1st dose was received at birth

For infants born to HBsAg (+) mothers, administer HBV and HBIG (0.5ml) within 12 hours of life. HBIG should be administered not later than 7 days of age, if not immediately available.

For infants born to mothers with unknown HBsAg status:

- With birth weight ≥ 2 kgs, administer HBV within 12 hours of birth and determine mother's HBsAg as soon as possible. If HBsAg (+) administer HBIG not later than 7 days of age.
- With birth weight < 2 kgs, administer HBIG in addition to HBV within 12 hours of life.

### **Diphtheria and Tetanus Toxoid and Pertussis Vaccine (DTP)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks

The recommended interval between the 3rd and 4th dose is 6 months, but a minimum of 4 months is valid.

The 5th dose may not be given if the 4th dose was administered at age 4 years or older.

### **Haemophilus influenzae Type b Conjugate Vaccine (Hib)**

Given intramuscularly (IM)

Given as a 3-dose primary series with a minimum age of 6 weeks and a minimum interval of 4 weeks

A booster dose is given between 12-15 months of age with an interval of 6 months from the 3rd dose.

Refer to Vaccines for Special Groups for Hib recommendation in high risk children

### **Inactivated Poliovirus Vaccine (IPV)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks

The primary series consists of 3 doses

A booster dose should be given on or after the 4th birthday and at least 6 months from the previous dose

### **Pneumococcal Conjugate Vaccines (PCV)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks

Primary vaccination of PCV consists of 3 doses with an interval of at least 4 weeks between doses plus a booster dose given 6 months after the 3rd dose.

Healthy children 2 to 5 years old who have no previous PCV vaccination may be given 1 dose of PCV13 or 2 doses of PCV10 at least 8 weeks apart.

Routine use of PCV is not recommended for healthy children 5 years and above.

Refer to Vaccines for Special Groups for Pneumococcal vaccine recommendation in high risk children

### **Rotavirus Vaccine (RV)**

Given per os (PO)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses. The last dose should be administered not later than 32 weeks of age.

The monovalent human rotavirus vaccine (RV1) is given as a 2-dose series and the pentavalent human bovine rotavirus vaccine (RV5) is given as a 3-dose series.

### **Influenza Vaccine (Trivalent/Quadrivalent)**

Trivalent influenza vaccine given intramuscularly (IM) or subcutaneously (SC)

Quadrivalent influenza vaccine given intramuscularly (IM)

Given at a minimum age of 6 months

The dose of influenza vaccine is 0.25 ml for children 6 months to 35 months and 0.5 ml for children 36 months to 18 years.

Children 6 months to 8 years receiving influenza vaccine for the first time should receive 2 doses separated by at least 4 weeks. If only 1 dose was given during the previous influenza season, give 2 doses of the vaccine then 1 dose yearly thereafter.

Children aged 9 to 18 years should receive 1 dose of the vaccine yearly.

Annual vaccination should begin in February but may be given throughout the year.

### **Measles Vaccine**

Given subcutaneously (SC)

Given at the age of 9 months, but may be given as early as 6 months of age in cases of outbreaks as declared by public health authorities.

In lieu of monovalent measles vaccine, MMR may be given if recommended by public health authorities.

### **Measles-Mumps-Rubella Vaccine (MMR)**

Given subcutaneously (SC)

Given at a minimum age of 12 months. MMR may be given at an earlier age if recommended by public health authorities.

The minimum interval between doses is at least 4 weeks.

Two doses of MMR are recommended. The 2nd dose is usually given from 4-6 years of age but may be given earlier

Children below 12 months of age given any measles containing vaccine (Measles, MR, MMR) should be given 2 additional doses

### **Varicella Vaccine**

Given subcutaneously (SC)

Given at a minimum age of 12 months

Two doses of varicella vaccine are recommended. The 1st dose is given at 12-15 months of age. The 2nd dose is usually given at 4-6 years of age.

- For children below 13 years old the recommended minimum interval between doses is

3 months. However, if the 2nd dose was administered at least 4 weeks after the 1st dose, it is considered valid.

- For children 13 years and above, the recommended minimum interval between doses is 4 weeks.

### **Measles-Mumps-Rubella-Varicella Vaccine (MMRV)**

Given subcutaneously (SC)

Given at a minimum age of 12 months

MMRV may be given as an alternative to separately administered MMR and Varicella vaccine

The maximum age is 12 years

The recommended minimum interval between doses is 3 months

### **Hepatitis A Vaccine**

Given intramuscularly (IM)

Given as a 2 dose series at a minimum age of 12 months

A 2nd dose is given at least 6 months from the 1st dose

### **Japanese Encephalitis Vaccine (JE)**

Given subcutaneously (SC)

Given at a minimum age of 9 months

Children 9 months to 17 years of age should receive one primary dose followed by a booster dose 12-24 months after the primary dose

Individuals 18 years and older should receive a single dose only

### **Tetanus and Diphtheria Toxoid (Td)/ Tetanus and Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap)**

Given intramuscularly (IM)

For children who are fully immunized\*, Td booster doses should be given every 10 years.

A single dose of Tdap can be given in place of a due Td dose and can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine

\*Fully immunized is defined as 5 doses of DTP or 4 doses of DTP if the 4th dose was given on or after the 4th birthday

For fully immunized pregnant adolescent, administer one dose of Tdap vaccine anytime after 20 weeks age of gestation

For the unimmunized pregnant adolescent, give the 3-dose tetanus-diphtheria containing vaccine (Td/Tdap) following a 0-1-6 month schedule. Tdap should replace one dose of Td given preferably after 20 weeks age of gestation

### **Human Papillomavirus Vaccine (HPV)**

Given intramuscularly (IM)

Primary vaccination consists of a 3-dose series with the minimum age of 9 years.

The recommended schedule is as follows:

- Bivalent HPV at 0, 1 and 6 months
- Quadrivalent HPV at 0, 2, and 6 months

The minimum interval between the 1st and the 2nd dose is at least 1 month and the minimum interval between the 2nd and the 3rd dose is at least 3 months. The 3rd dose should be given at least 6 months from the 1st dose.

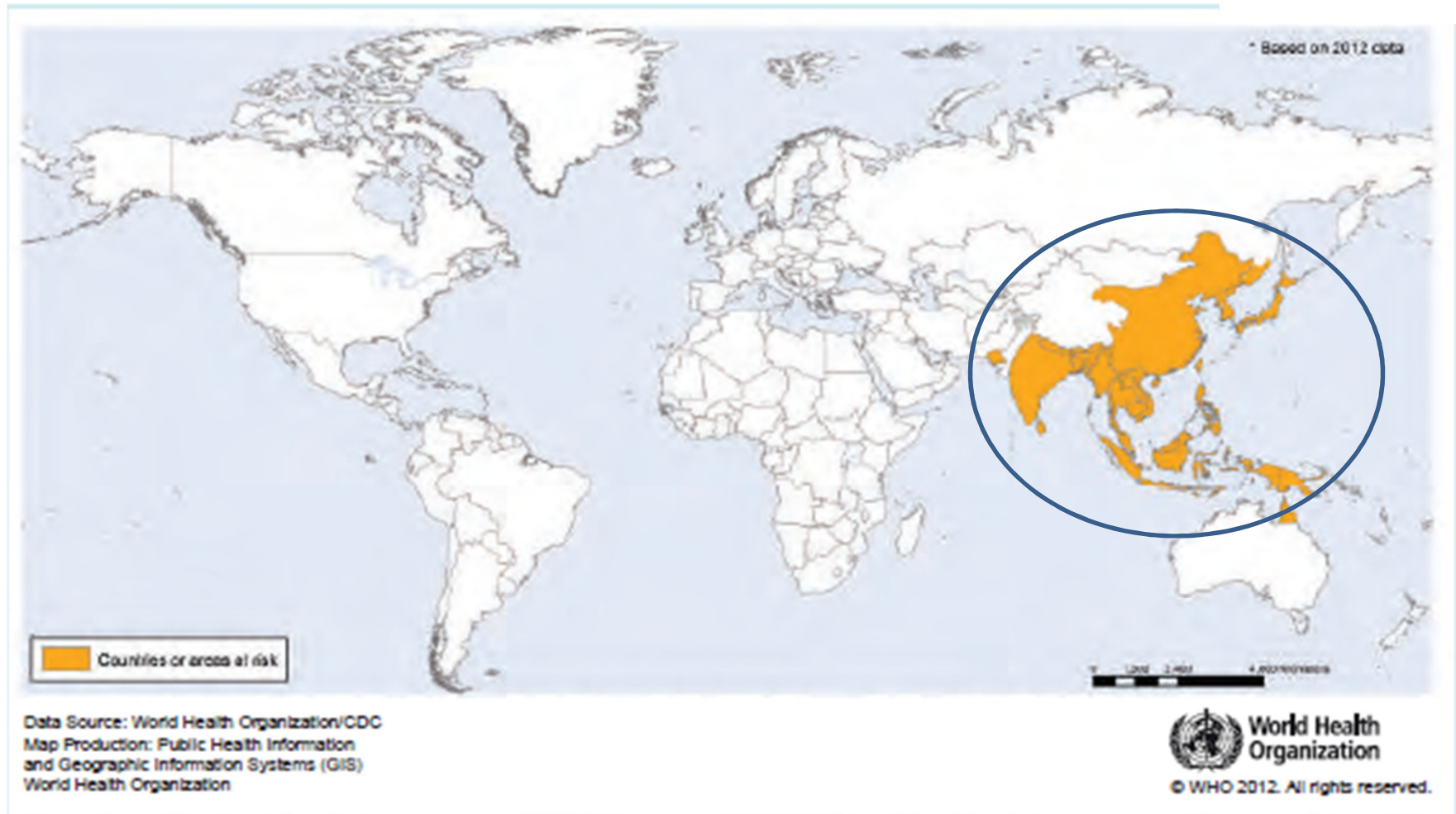
A 2-dose schedule is an option for girls 9 to 14 years of age, for both bivalent and quadrivalent vaccines. The doses are given at least 6 months apart.

The quadrivalent HPV can be given to males 9-18 years of age for the prevention of anogenital warts.

# Japanese Encephalitis Vaccine (JE)

- Given subcutaneously
- Given at a minimum age of 9 months
- Children 9 months to 17 years of age should receive one primary dose followed by a booster dose 12-24 months after the primary dose
- Individuals 18 years and older should receive a single dose only

# Japanese Encephalitis



*WHO Map from International Travel and Health showing Japanese encephalitis countries or areas at risk (11)*

RESEARCH ARTICLE

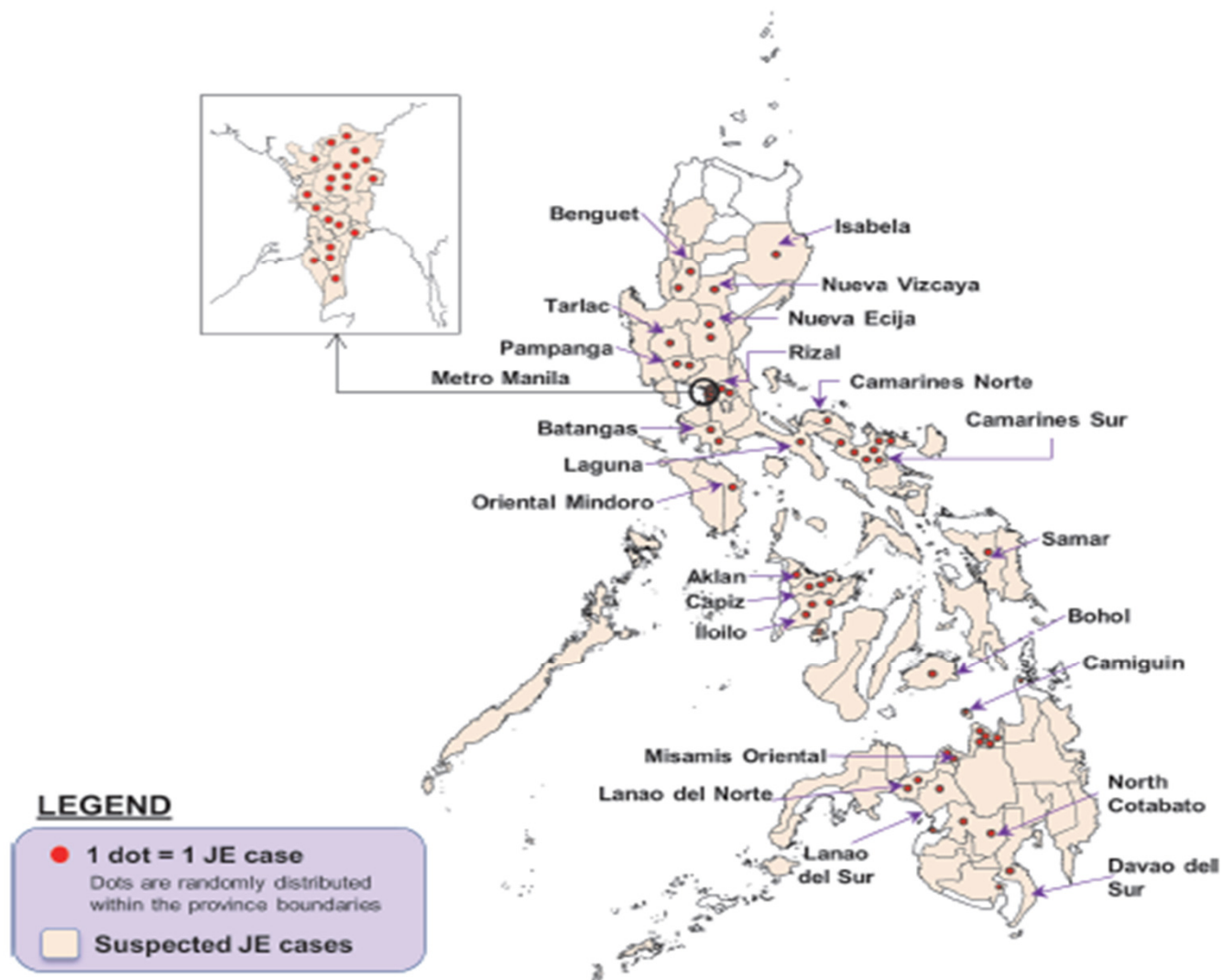
# Epidemiology of Japanese Encephalitis in the Philippines: A Systematic Review

Anna Lena Lopez<sup>1\*</sup>, Josephine G. Aldaba<sup>1</sup>, Vito G. Roque, Jr.<sup>2</sup>, Amado O. Tandoc, III<sup>3</sup>, Ava Kristy Sy<sup>3</sup>, Fe Esperanza Espino<sup>4</sup>, Maricel DeQuiroz-Castro<sup>5</sup>, Youngmee Jee<sup>6</sup>, Maria Joyce Ducusin<sup>7</sup>, Kimberley K. Fox<sup>6</sup>

1 University of the Philippines Manila—National Institutes of Health, Institute of Child Health and Human Development, Manila, Philippines, 2 Epidemiology Bureau, Department of Health, Manila, Philippines, 3 Department of Virology, Research Institute for Tropical Medicine, Manila, Philippines, 4 Department of Parasitology, Research Institute for Tropical Medicine, Manila, Philippines, 5 Office of the World Health Organization Representative in the Philippines, Manila, Philippines, 6 Division of Communicable Diseases, World Health Organization Regional Office of the Western Pacific, Manila, Philippines, 7 Disease Prevention and Control Bureau, Department of Health, Manila, Philippines

\* [annalena.lopez@gmail.com](mailto:annalena.lopez@gmail.com)





**Fig 6. Geographic distribution of suspected and confirmed JE cases in the Philippines.** Data from surveillance and referral testing, January 2011 to March 2014. There were additionally 21 confirmed JE cases out of 159 cases referred by hospitals in Metro Manila without available data on geographic origin.



## Summary: Epidemiology of JE in the Philippines

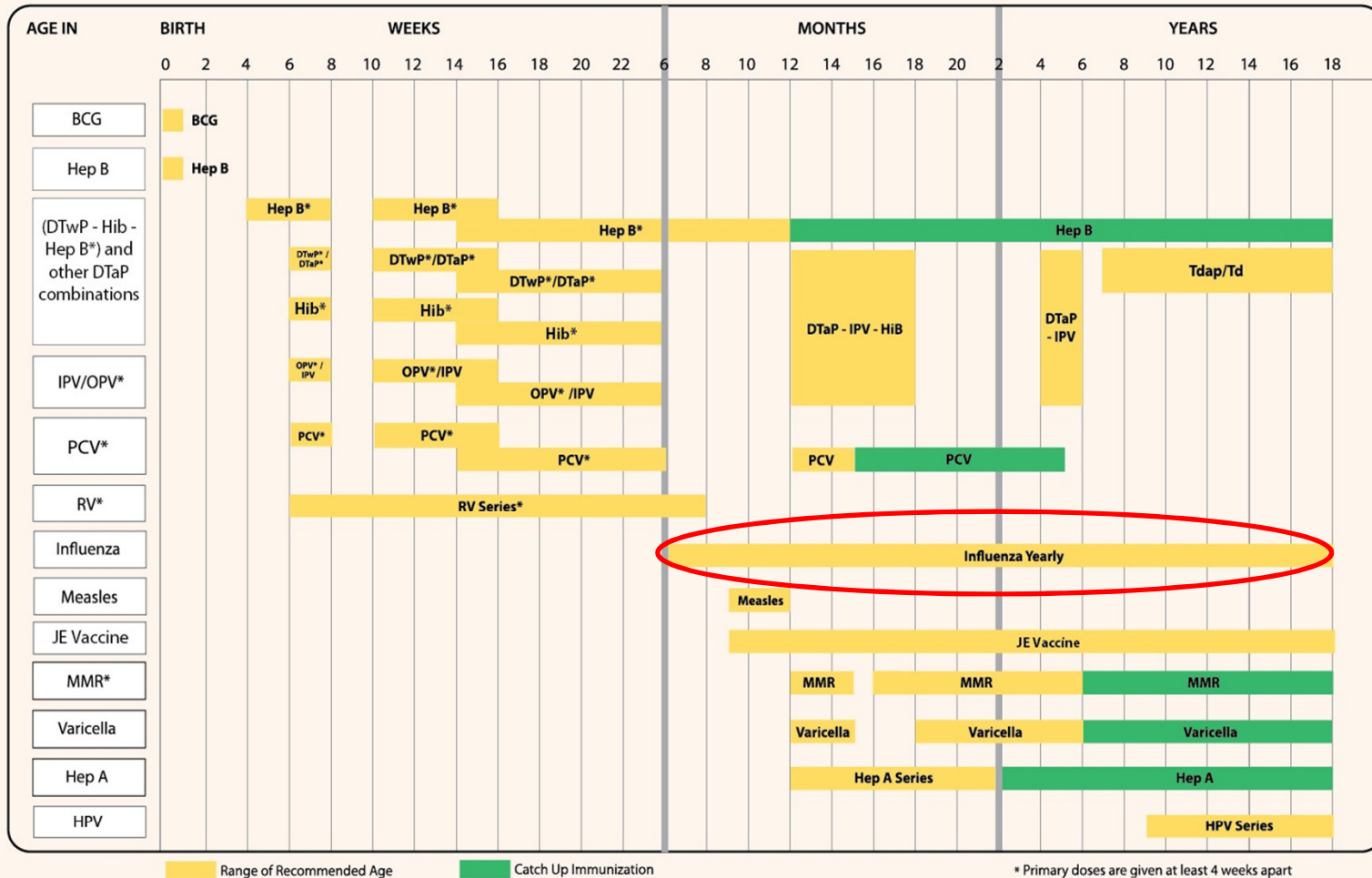
### 1. JE is endemic in the Philippines:

- JE is responsible for 7.4% to 40% of meningitis- encephalitis syndrome
- JE in the Philippines affects predominantly children younger than 15 years old
- It has a case fatality ratio 8.1% to 15.3% and those who survive have significant neurologic sequelae
- Jan 2011 to March 2014 there were 1032 suspected cases of JE, of 497 cases tested 75 (15%) were lab confirmed JE cases

2. Results from disease surveillance, sero-epidemiologic studies, swine and other animal surveillance as well as mosquito surveys confirm circulation of JEV virus across all regions of the Philippines.



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Given intradermally (ID)

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- Suspected congenital TB
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- Clinical findings suggestive of TB and/or chest x-ray suggestive of TB

In the presence of any of these conditions, an induration of > 5mm is considered positive

### **Hepatitis B Vaccine (HBV)**

Given intramuscularly (IM)

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For preterm infants:

- If born to HBsAg (-) mothers and medically stable, the 1st dose of HBV may be given at 30 days of chronological age regardless of weight, and this can be counted as part of the 3-dose primary series.
- Another dose of HBV is needed for those < 2 kgs whose 1st dose was received at birth

For infants born to HBsAg (+) mothers, administer HBV and HBIG (0.5ml) within 12 hours of life. HBIG should be administered not later than 7 days of age, if not immediately available.

For infants born to mothers with unknown HBsAg status:

- With birth weight ≥ 2 kgs, administer HBV within 12 hours of birth and determine mother's HBsAg as soon as possible. If HBsAg (+) administer HBIG not later than 7 days of age.
- With birth weight < 2 kgs, administer HBIG in addition to HBV within 12 hours of life.

### **Diphtheria and Tetanus Toxoid and Pertussis Vaccine (DTP)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks

The recommended interval between the 3rd and 4th dose is 6 months, but a minimum of 4 months is valid.

The 5th dose may not be given if the 4th dose was administered at age 4 years or older.

### **Haemophilus influenzae Type b Conjugate Vaccine (Hib)**

Given intramuscularly (IM)

Given as a 3-dose primary series with a minimum age of 6 weeks and a minimum interval of 4 weeks

A booster dose is given between 12-15 months of age with an interval of 6 months from the 3rd dose.

Refer to Vaccines for Special Groups for Hib recommendation in high risk children

### **Inactivated Poliovirus Vaccine (IPV)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks

The primary series consists of 3 doses

A booster dose should be given on or after the 4th birthday and at least 6 months from the previous dose

### **Pneumococcal Conjugate Vaccines (PCV)**

Given intramuscularly (IM)

Given at a minimum age of 6 weeks

Primary vaccination of PCV consists of 3 doses with an interval of at least 4 weeks between doses plus a booster dose given 6 months after the 3rd dose.

Healthy children 2 to 5 years old who have no previous PCV vaccination may be given 1 dose of PCV13 or 2 doses of PCV10 at least 8 weeks apart.

Routine use of PCV is not recommended for healthy children 5 years and above.

Refer to Vaccines for Special Groups for Pneumococcal vaccine recommendation in high risk children

### **Rotavirus Vaccine (RV)**

Given per os (PO)

Given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses. The last dose should be administered not later than 32 weeks of age.

The monovalent human rotavirus vaccine (RV1) is given as a 2-dose series and the pentavalent human bovine rotavirus vaccine (RV5) is given as a 3-dose series.

### **Influenza Vaccine (Trivalent/Quadrivalent)**

Trivalent influenza vaccine given intramuscularly (IM) or subcutaneously (SC)

Quadrivalent influenza vaccine given intramuscularly (IM)

Given at a minimum age of 6 months

The dose of influenza vaccine is 0.25 ml for children 6 months to 35 months and 0.5 ml for children 36 months to 18 years.

Children 6 months to 8 years receiving influenza vaccine for the first time should receive 2 doses separated by at least 4 weeks. If only 1 dose was given during the previous influenza season, give 2 doses of the vaccine then 1 dose yearly thereafter.

Children aged 9 to 18 years should receive 1 dose of the vaccine yearly.

Annual vaccination should begin in February but may be given throughout the year.

### **Measles Vaccine**

Given subcutaneously (SC)

Given at the age of 9 months, but may be given as early as 6 months of age in cases of outbreaks as declared by public health authorities.

In lieu of monovalent measles vaccine, MMR may be given if recommended by public health authorities.

### **Measles-Mumps-Rubella Vaccine (MMR)**

Given subcutaneously (SC)

Given at a minimum age of 12 months. MMR may be given at an earlier age if recommended by public health authorities.

The minimum interval between doses is at least 4 weeks.

Two doses of MMR are recommended. The 2nd dose is usually given from 4-6 years of age but may be given earlier

Children below 12 months of age given any measles containing vaccine (Measles, MR, MMR) should be given 2 additional doses

### **Varicella Vaccine**

Given subcutaneously (SC)

Given at a minimum age of 12 months

Two doses of varicella vaccine are recommended. The 1st dose is given at 12-15 months of age. The 2nd dose is usually given at 4-6 years of age.

- For children below 13 years old the recommended minimum interval between doses is

3 months. However, if the 2nd dose was administered at least 4 weeks after the 1st dose, it is considered valid.

- For children 13 years and above, the recommended minimum interval between doses is 4 weeks.

### **Measles-Mumps-Rubella-Varicella Vaccine (MMRV)**

Given subcutaneously (SC)

Given at a minimum age of 12 months

MMRV may be given as an alternative to separately administered MMR and Varicella vaccine

The maximum age is 12 years

The recommended minimum interval between doses is 3 months

### **Hepatitis A Vaccine**

Given intramuscularly (IM)

Given as a 2 dose series at a minimum age of 12 months

A 2nd dose is given at least 6 months from the 1st dose

### **Japanese Encephalitis Vaccine (JE)**

Given subcutaneously (SC)

Given at a minimum age of 9 months

Children 9 months to 17 years of age should receive one primary dose followed by a booster dose 12-24 months after the primary dose

Individuals 18 years and older should receive a single dose only

### **Tetanus and Diphtheria Toxoid (Td)/ Tetanus and Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap)**

Given intramuscularly (IM)

For children who are fully immunized\*, Td booster doses should be given every 10 years. A single dose of Tdap can be given in place of a due Td dose and can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine

\*Fully immunized is defined as 5 doses of DTP or 4 doses of DTP if the 4th dose was given on or after the 4th birthday

For fully immunized pregnant adolescent, administer one dose of Tdap vaccine anytime after 20 weeks age of gestation

For the unimmunized pregnant adolescent, give the 3-dose tetanus-diphtheria containing vaccine (Td/Tdap) following a 0-1-6 month schedule. Tdap should replace one dose of Td given preferably after 20 weeks age of gestation

### **Human Papillomavirus Vaccine (HPV)**

Given intramuscularly (IM)

Primary vaccination consists of a 3-dose series with the minimum age of 9 years.

The recommended schedule is as follows:

- Bivalent HPV at 0, 1 and 6 months
- Quadrivalent HPV at 0, 2, and 6 months

The minimum interval between the 1st and the 2nd dose is at least 1 month and the minimum interval between the 2nd and the 3rd dose is at least 3 months. The 3rd dose should be given at least 6 months from the 1st dose.

A 2-dose schedule is an option for girls 9 to 14 years of age, for both bivalent and quadrivalent vaccines. The doses are given at least 6 months apart.

The quadrivalent HPV can be given to males 9-18 years of age for the prevention of anogenital warts.

## **Influenza Vaccine (Trivalent/Quadrivalent)**

- Trivalent influenza vaccine given intramuscularly (IM) or subcutaneously (SC)
- Quadrivalent influenza vaccine given intramuscularly (IM)
- Given at a minimum age of 6 months
- The dose of influenza vaccine is 0.25 ml for children 6 months to 35 months and 0.5 ml for children 36 months to 18 years
- Children 6 to 8 years receiving influenza vaccine for the first time should receive 2 doses separated by at least 4 weeks. If only one dose was given during the previous influenza season, give 2 doses of the vaccine then 1 dose yearly thereafter.
- Children aged 9 to 18 years should receive 1 dose of the vaccine yearly
- Annual vaccination should begin in February but may be given throughout the year.

## VACCINES FOR HIGH RISK / SPECIAL GROUPS

### **Pneumococcal Conjugate Vaccine (PCV)/ Pneumococcal Polysaccharide Vaccine (PPSV)**

Given intramuscularly (IM)

Indications for children with high risk medical conditions: chronic heart, lung, kidney disease, DM, CSF leak, cochlear implant, sickle cell disease and other hemoglobinopathies, anatomic and functional asplenia, HIV and congenital immunodeficiency, immunosuppression, malignancy, and solid organ transplantation

Children > 2 through 5 years of age:

- Give one dose of PCV13 if an incomplete schedule of 3 doses of any PCV was administered previously
- Give 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of less than 3 doses of any PCV was administered previously
- Give a supplemental dose of PCV13 if 4 doses of PCV7 or other age appropriate complete PCV7 series was given

For children with no history of PPSV vaccination, give PPSV at least 8 weeks after the most recent PCV13

Children 6 through 18 years of age:

- Give one dose of PCV13 followed by one dose of PPSV at least 8 weeks later if with no prior PCV or PPSV immunization
- Give one dose of PPSV at least 8 weeks after the most recent PCV13 if with previous PCV13 but without PPSV immunization
- A single dose of PPSV is given at least 8 weeks after the last dose of PCV 13 in children with no history of PPSV immunization

A single revaccination with PPSV should be administered 5 years after the 1st dose of PPSV to children with high risk medical conditions

### **Haemophilus influenzae Type b Conjugate Vaccine (Hib)**

Given intramuscularly (IM)

Indications for children with high risk conditions : chemotherapy recipients, anatomic/functional asplenia including sickle cell disease, HIV infection, immunoglobulin or early complement deficiency

Children aged 12-59 months :

- Unimmunized\* or with one dose of Hib vaccine received before age 12 months, give 2 additional doses 8 weeks apart
- Given  $\geq 2$  doses of Hib vaccine before age 12 months, give one additional dose

Children  $\leq 5$  years old who received a Hib booster dose during or within 14 days of starting chemotherapy/radiation treatment should receive a repeat dose of the vaccine at least 3 months after completion of therapy

Children who are hematopoietic stem cell transplant recipients should be reimmunized with 3 doses of Hib vaccine, 6-12 months after transplant regardless of vaccination history: doses should be given 4 weeks apart

Unimmunized children aged 15 months and older undergoing elective splenectomy, give one dose of Hib containing vaccine at least 14 days before procedure

Give one dose of Hib vaccine to unimmunized children 5-18 years old who have anatomic/functional asplenia (including sickle cell disease) and HIV infection

\*Unimmunized children are those without a primary series and booster dose or those without at least one dose of the vaccine after 14 months of age

### **Meningococcal Vaccine**

Given intramuscularly (IM) or subcutaneously (SC)

Tetravalent meningococcal (ACYW-135) conjugate vaccine MCV4-D, MCV4-TT, MCV4-CRM given intramuscularly  
Tetravalent meningococcal polysaccharide vaccine (MPSV4) given intramuscularly (IM)/subcutaneously (SC)

Indicated for those at high risk for invasive disease: persistent complement deficiencies, anatomic/functional asplenia, HIV, travellers to or resident of areas where meningococcal disease is hyperendemic or epidemic or belonging to a defined risk group during a community or institutional meningococcal outbreak  
Dosing schedule:

- MCV4-D: minimum age is 9 months . For children 9-23 months give 2 doses 3 months apart. For children 2 years and above give one dose.
- MCV4-TT given to children 12 months and above as a single dose
- MCV4-CRM given to children 2 years and above as a single dose

Revaccinate with a MCV4 vaccine every 5 years as long as the person remains at increased risk of infection

MPSV4 given to children 2 years and above as a single dose. If MPSV4 is used for high risk individuals as the 1st dose, a 2nd dose using MCV4 should be given 2 months later. Booster doses of MPSV4 are not recommended.

MCV4-D and PCV13 should be given at least 4 weeks apart

### **Rabies Vaccine**

Given intramuscularly (IM) or intradermally (ID)

Recommended regimens for pre-exposure prophylaxis:

- Intramuscular regimen: Purified Vero Cell Rabies Vaccine (PVRV) 0.5 ml or Purified Chick Embryo Cell Vaccine (PCECV) 1 ml given on days 0,7,21 or 28
- Intradermal regimen: PVRV or PCECV 0.1 ml given on days 0,7,21 or 28

A repeat dose should be given if the vaccine is inadvertently given subcutaneously.

Rabies vaccine should never be given in the gluteal area since absorption is unpredictable.

In the event of subsequent exposures, those who have completed 3 doses of pre-exposure prophylaxis regardless of the interval between exposure and last dose of the vaccine will require ONLY booster doses given on day 0 and 3. Booster doses may be given IM (0.5 ml PVRV or 1 ml PCECV) or ID (0.1 ml of PVRV or PCECV). There is no need to give rabies immune globulin.

### **Typhoid Vaccine**

Given intramuscularly (IM)

Given at a minimum age of 2 years old with revaccination every 2-3 years

Recommended for travellers to areas where there is a risk of exposure and for outbreak situations as declared by public health authorities

### **Cholera Vaccine**

Given per orem (PO)

Given at a minimum age of 12 months as a 2-dose series two weeks apart

Recommended for outbreak situations and natural disasters as declared by health authorities

## VACCINES FOR HIGH RISK / SPECIAL GROUPS

### **Pneumococcal Conjugate Vaccine (PCV)/ Pneumococcal Polysaccharide Vaccine (PPSV)**

Given intramuscularly (IM)

Indications for children with high risk medical conditions: chronic heart, lung, kidney disease, DM, CSF leak, cochlear implant, sickle cell disease and other hemoglobinopathies, anatomic and functional asplenia, HIV and congenital immunodeficiency, immunosuppression, malignancy, and solid organ transplantation

Children > 2 through 5 years of age:

- Give one dose of PCV13 if an incomplete schedule of 3 doses of any PCV was administered previously
- Give 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of less than 3 doses of any PCV was administered previously
- Give a supplemental dose of PCV13 if 4 doses of PCV7 or other age appropriate complete PCV7 series was given

For children with no history of PPSV vaccination, give PPSV at least 8 weeks after the most recent PCV13

Children 6 through 18 years of age:

- Give one dose of PCV13 followed by one dose of PPSV at least 8 weeks later if with no prior PCV or PPSV immunization
- Give one dose of PPSV at least 8 weeks after the most recent PCV13 if with previous PCV13 but without PPSV immunization
- A single dose of PPSV is given at least 8 weeks after the last dose of PCV 13 in children with no history of PPSV immunization

A single revaccination with PPSV should be administered 5 years after the 1st dose of PPSV to children with high risk medical conditions

### **Haemophilus influenzae Type b Conjugate Vaccine (Hib)**

Given intramuscularly (IM)

Indications for children with high risk conditions: chemotherapy recipients, anatomic/functional asplenia including sickle cell disease, HIV infection, immunoglobulin or early complement deficiency

Children aged 12-59 months:

- Unimmunized\* or with one dose of Hib vaccine received before age 12 months, give 2 additional doses 8 weeks apart
- Given  $\geq 2$  doses of Hib vaccine before age 12 months, give one additional dose

Children  $\leq 5$  years old who received a Hib booster dose during or within 14 days of starting chemotherapy/radiation treatment should receive a repeat dose of the vaccine at least 3 months after completion of therapy

Children who are hematopoietic stem cell transplant recipients should be reimmunized with 3 doses of Hib vaccine, 6-12 months after transplant regardless of vaccination history: doses should be given 4 weeks apart

Unimmunized children aged 15 months and older undergoing elective splenectomy, give one dose of Hib containing vaccine at least 14 days before procedure

Give one dose of Hib vaccine to unimmunized children 5-18 years old who have anatomic/functional asplenia (including sickle cell disease) and HIV infection

\* Unimmunized children are those without a primary series and booster dose or those without at least one dose of the vaccine after 14 months of age

### **Meningococcal Vaccine**

Given intramuscularly (IM) or subcutaneously (SC)

Tetravalent meningococcal (ACYW-135) conjugate vaccine MCV4-D, MCV4-TT, MCV4-CRM given intramuscularly  
Tetravalent meningococcal polysaccharide vaccine (MPSV4) given intramuscularly (IM)/subcutaneously (SC)

Indicated for those at high risk for invasive disease: persistent complement deficiencies, anatomic/functional asplenia, HIV, travellers to or resident of areas where meningococcal disease is hyperendemic or epidemic or belonging to a defined risk group during a community or institutional meningococcal outbreak

Dosing schedule:

- MCV4-D: minimum age is 9 months. For children 9-23 months give 2 doses 3 months apart. For children 2 years and above give one dose.
- MCV4-TT given to children 12 months and above as a single dose
- MCV4-CRM given to children 2 years and above as a single dose

Revaccinate with a MCV4 vaccine every 5 years as long as the person remains at increased risk of infection

MPSV4 given to children 2 years and above as a single dose. If MPSV4 is used for high risk individuals as the 1st dose, a 2nd dose using MCV4 should be given 2 months later. Booster doses of MPSV4 are not recommended.

MCV4-D and PCV13 should be given at least 4 weeks apart

### **Rabies Vaccine**

Given intramuscularly (IM) or intradermally (ID)

Recommended regimens for pre-exposure prophylaxis:

- Intramuscular regimen: Purified Vero Cell Rabies Vaccine (PVRV) 0.5 ml or Purified Chick Embryo Cell Vaccine (PCECV) 1 ml given on days 0,7,21 or 28
- Intradermal regimen: PVRV or PCECV 0.1 ml given on days 0,7,21 or 28

A repeat dose should be given if the vaccine is inadvertently given subcutaneously.

Rabies vaccine should never be given in the gluteal area since absorption is unpredictable.

In the event of subsequent exposures, those who have completed 3 doses of pre-exposure prophylaxis regardless of the interval between exposure and last dose of the vaccine will require ONLY booster doses given on day 0 and 3. Booster doses may be given IM (0.5 ml PVRV or 1 ml PCECV) or ID (0.1 ml of PVRV or PCECV). There is no need to give rabies immune globulin.

### **Typhoid Vaccine**

Given intramuscularly (IM)

Given at a minimum age of 2 years old with revaccination every 2-3 years

Recommended for travellers to areas where there is a risk of exposure and for outbreak situations as declared by public health authorities

### **Cholera Vaccine**

Given per orem (PO)

Given at a minimum age of 12 months as a 2-dose series two weeks apart

Recommended for outbreak situations and natural disasters as declared by health authorities

# Hemophilus influenzae Type b Conjugate Vaccine (Hib)

Given intramuscularly (IM)

Indications for children with high risk conditions: chemotherapy recipients, anatomic/ functional asplenia including sickle cell disease, HIV infection, immunoglobulin or early complementary deficiency

- Children aged 12-59 months:
  - Unimmunized\* or with one dose of Hib vaccine received before age 12 months, give 2 doses of Hib vaccine 8 weeks apart
  - Given 2 doses of Hib vaccine before age 12 months give an additional dose
- Children  $\geq 5$  years old who received a Hib booster dose during or within 14 days of starting chemotherapy/radiation treatment should receive a repeat dose of the vaccine at least 3 months after completion of therapy

# Hemophilus influenzae Type b Conjugate Vaccine (Hib)

- Children who are hematopoietic stem cell transplant recipients should be reimmunized with 3 doses of Hib vaccine, 6-12 months after transplant regardless of vaccination history: doses should be given 8 weeks apart
- Unimmunized children aged 15 months and older undergoing elective splenectomy, give one of Hib containing vaccine at least 14 days before procedure
- Give one dose of Hib vaccine to unimmunized children 5-18 years old who have anatomic/functional asplenia (including sickle cell disease) and HIV infection

**\*Unimmunized children are those without a primary series and booster dose or those without at least one dose of the vaccine after age 14 months of age**

**Interim Recommendation for Use: Dengue Tetravalent Vaccine**  
**Committee on Immunization**  
**Pediatric Infectious Disease Society of the Philippines**

The Philippine Food and Drug Administration (FDA) released a Certificate of Product Registration (CPR) for Dengue Tetravalent Vaccine on 22 December 2015, which authorizes marketing of this product to local consumers. Since the CPR was signed after the completion of the Committee's regular meetings and after its deliberation with various stakeholder, this interim recommendation is made for the clinician's guidance.

The Dengue Tetravalent Vaccine is a live attenuated vaccine containing dengue serotypes 1 to 4. The recommended age indication is from 9 to 45 years based on studies showing optimal safety and efficacy within these age group. There is insufficient data for the safe use of this vaccine in children younger than 9 years.



**Interim Recommendation for Use: Dengue Tetravalent Vaccine**  
**Committee on Immunization**  
**Pediatric Infectious Disease Society of the Philippines**

- **Dengue Tetravalent Vaccine**
- **0.5 ml given subcutaneously**
- **Given at a minimum age of 9 years**
- **Given as 3-dose series at 0, 6 and 12 months**

# Dengue Tetravalent Vaccine

## Department of Health

- School based immunization
- One million eligible children in 3 regions
- Grade 4 pupils (SY 2015-2016) 9 years and above enrolled in all public schools of Region III, IV-A and NCR
- 3 doses of dengue vaccine will be provided at 6 months interval
  - Dose: 0.5 ml administered on left deltoid arm
  - Dose 1: April, May, June 2016
  - Dose 2: October, November, December 2016
  - Dose 3: April, May, June 2016
- Screening and quick health assessment forms should be accomplished
- Only students with signed notification and consent forms included

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

## Background:

- 2015: critical shortage of DTaP containing combination vaccines for use in private sector
- Shortage affecting countries globally as well as ASEAN regions due to:
  - Difficulties in vaccine production capacities and manufacturing
  - Increase global demand for combination vaccines
- PPS/PIDSP/PFV proposed technical guidelines and options for practitioners to optimize their immunization regimens according to evidence based good clinical practices

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

## Prioritization within Indications:

- Follow PPS/PIDSP/PFV official recommendations and ensure all patients receive all recommended doses of DTaP, Hib, Hep B, and Polio vaccines

Refer to vaccine information provided in the Summary of Product

- Ensure minimum intervals between doses and minimum age are met
- Ensure minimum intervals between doses and minimum age are met for each component vaccine in combination vaccine
- Prioritize infant primary series over 1<sup>st</sup> toddler booster dose and toddler booster dose over pre-school booster
- In infant primary series prioritize 1<sup>st</sup> and 2<sup>nd</sup> dose over 3<sup>rd</sup> dose

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

- If supply is lacking a 2-dose regimen can be used instead of 3-doses with 2 months interval between 1<sup>st</sup> and 2<sup>nd</sup> dose
- Infants who received a 2-dose infant primary series should be given booster at age 11-12 months ( 2+1 schedule )
- If an alternative product containing same antigens is available the 3-dose infant primary series is prioritized over the 2-dose series

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

## Vaccine Substitutions

- **DTaP-IPV-Hep B-Hib is not available for any dose of infant/toddler primary series**

**Alternative:** DTaP-IPV/Hib co-administered with stand alone Hep B OR  
DTaP-IPV co-administered with Hep B and Hib stand alone vaccines

- **DTaP-IPV/Hib is not available for any dose of infant/toddler series**

: **Alternative:** DTaP-IPV co-administered with Hib stand alone vaccine OR  
DTaP-IPV-Hep B-Hib vaccine

- **DTaP-IPV is not available for any dose of infant/toddler series**

**Alternative:** DTaP co-administered with IPV and Hib stand alone vaccines

## PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

- **DTaP-IPV is not available for pre-school booster**  
**Alternative:** Tdap-IPV vaccine (Or Tdap and IPV co-administered )  
If this not available:  
**Alternative:** Co-administer Td and IPV vaccine (but will not provide pertussis booster
- ACIP recommends using same brand for all doses of vaccination series. If provider do not know or do not have available the brand of vaccine previously given another may be used
- If aP based product is not available a wP based product if available may be used

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

## Schedule Flexibility

- Infants who delayed receiving 1<sup>st</sup> dose of 3-dose infant series should have series started as soon as possible
- Infants who received 1<sup>st</sup> dose of 3-dose infant series 2<sup>nd</sup> dose should be given as soon as possible and as close as possible to the ideal 2 month interval between dose 1 and dose 2



# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

- Infants who received 2 doses of 3-dose infant series with interval of  $\geq 2$  months and no vaccine available for 3<sup>rd</sup> dose, omission of 3<sup>rd</sup> dose acceptable  
These infants should be given subsequent toddler or preschool booster vaccination ( 2+1 regimen )
- If interval between 1<sup>st</sup> and 2<sup>nd</sup> dose of primary infant series is  $< 2$  months, a 3<sup>rd</sup> dose should be given as soon as possible to complete the infant series

# **PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015**

## **Delay in Timing for Toddler Booster Dose**

- Given 3-dose primary infant series: booster dose should be given as close to 24 months of age as possible
- Given 2-dose primary infant series: booster dose administered as close to 12 months of age as possible

# PPS/PIDSP/PFV Position Paper on Combination Vaccine Shortage 2015

## References:

1. European Center for Disease Prevention and Control. Shortage of acellular pertussis containing vaccines and impact on immunization programmes in the EU/EEA- 8 October 2015. Stockholm :ECDC;2105
2. National Center for immunization and Respiratory Diseases, US CDC, December 2015
3. PIDSP/PFV/PPS Childhood Immunization Schedule 2015

## Website:

<http://www.pps.org.ph>

[pidsphil.org](http://pidsphil.org)

[philvaccine.org](http://philvaccine.org)





# PROCESS FOR DEVELOPMENT OF DRAFT...

- Evidence gathered from results of controlled trials, case-controlled studies, meta-analyses, published and unpublished economic analysis relevant to vaccine recommendations shall be evaluated

# PROCESS FOR DEVELOPMENT OF DRAFT...



- The data shall be presented to the Committee en banc for comments
- The Committee deliberates on the data presented, and converts the evidence into an overall recommendation
- Recommendation is presented to the PIDSP Board for comments and final approval

# PROCESS FOR DEVELOPMENT OF DRAFT...



- The PIDSP Board transmits the Committee's recommendations to the Philippine Pediatric Society
  - The PPS convenes a meeting of stakeholders for inputs
  - Any changes resulting from the meeting are incorporated into the final recommendation by the PPS Committee on Immunization
  - The final recommendation is transmitted to the Philippine Foundation for Vaccination for dissemination



# PROCESS FOR DEVELOPMENT OF DRAFT...

The recommendations are released during the following conventions:

- Philippine National immunization Conference (PNIC)
- Pediatric Infectious Disease Society of the Philippines (PIDSP)
- Philippine Pediatric Society (PPS)