

Correspondence



Prioritizing Adult Immunization in the Philippines

Dalmacito A. Cordero Jr.

Department of Theology and Religious Education (DTRE), De La Salle University, Manila, Philippines

► See the article “Adult Immunization Policy in Korea” in volume 55 on page 317.

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Dear Editor:

In a recent article published in this journal, the author interestingly explored the characteristics of adult immunization and the national immunization program (NIP) for adults in Korea. He then concluded that due to the development of new vaccines, the increase in the elderly population, and changes in infectious disease epidemiology, there is a need to expand in various directions the adult immunization policy [1]. With this, it dawned on me that if Korea, a highly-developed country, has this need, how much more the Philippines, a developing country, is in dire need of such an expanded policy? I will discuss the adult immunization program in the country and enumerate some proposals for its improvement.

Like Koreans, Filipinos value and respect so much older adults. A typical Filipino set-up is that older relatives live with their respective families and are not sent to nursing institutions. One way of showing value to them is ensuring their good health through regular immunization to protect them from infectious diseases. However, due to budget constraints, many adults cannot avail of such vaccines since they are not free. In 2020, pneumonia was the country's 5th leading cause of death.

Furthermore, 67.1% of influenza-associated mortality occurs annually in adults 60 years and older. Moreover, influenza is the fifth leading cause of morbidity, with influenza morbidity growing 21% year-on-year in 2018. Fortunately, the government launched the Expanded Pneumococcal Immunization Programme in 2016, giving all senior citizens free pneumococcal vaccines. While this has facilitated a pneumococcal vaccine coverage rate of 52.9% for persons above 60 years old, the vaccine coverage rate for influenza remains low due to the lack of a comprehensive immunization policy. As a result, only 36.3% of adults above 60 years have ever received an influenza vaccine as of 2019 [2].

Two problems are evident in this program. First, free immunizations are available only for influenza and pneumococcal vaccines; what about other infectious diseases that commonly affect adults? Second, the low turnout of vaccine rollout despite its free availability is also a significant challenge. To address these concerns, the primary step is for the government to allocate a sufficient budget to cover other adult infectious diseases with the help of private and international agencies. They must also ensure proper auditing so that funds are spent accordingly. Concerning low vaccine rollout, there

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Corresponding Author:
Dalmacito A. Cordero Jr., PhD
Department of Theology and Religious Education (DTRE), De La Salle University, Manila 1004, Philippines.
Tel: +63-92-5528-7474, Email: dalmacito.cordero@dlsu.edu.ph


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should be a massive campaign for immunization through house-to-house vaccination to ensure that nobody is left out. If house-to-house is unrealistic because of remote places, then the government must activate all local health centers, even the farthest far-flung areas, as vaccination sites. The use of mass media, such as the different social media platforms, may be helpful, but more is needed since some adults do not engage anymore with it.

Caring for the well-being of our adults is always a vital piece of public health. A well-planned immunization program must include older people and prioritize them equally, like other ages.

ORCID iDs

Dalmacito A. Cordero 
<https://orcid.org/0000-0001-8062-1242>

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