

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 107

Introduced by **Hon. Joseph Emilio A. Abaya**

EXPLANATORY NOTE

Hepatitis B virus (HBV) infection poses a serious threat to the health and well-being of our people. It is the recognized cause of chronic hepatitis and cirrhosis. It was also established to be the cause of up to 80% of all cases of hepato-cellular carcinoma worldwide, second only to tobacco among known human carcinogens.

HBV is transmitted through percutaneous or parenteral contact with infected blood, body fluids, and by sexual intercourse. All persons who are hepatitis B surface antigen (HBsAg) positive are potentially infectious. They become a constant source of new infections for those who have never contracted the virus yet. Recent studies have revealed that there are about 200 million Hepatitis B carriers worldwide, and in the Philippines, it has been confirmed that as much as 10% or nearly 8 million Filipinos are carriers.

The risk of developing chronic HBV infection varies inversely with age. Infants are more prone to acquiring Hepatitis B infection considering that people around them, including their own mothers are possible carriers. A study showed that if a pregnant woman is an HBV carrier and is also HBsAg-positive, there is a 90% probability that her newborn baby would also be infected and become a carrier. Of these children, 25% will later die from chronic liver disease or liver cancer.

The present state of our laws is insufficient to address this pressing concern. Republic Act No. 7846 only mandates Hepatitis B immunization of infants whose mothers were found to be Hepatitis B positive. Yet, considering that a great majority of Filipino pregnant mothers are not being routinely screened for HBV infection, the risk of perinatal transmission of the virus is still present. Thus, it is advisable to start immunization of infants at birth, regardless of whether the mother is positive for HBV infection or not. In fact, this has been the practice in many developed and developing countries such as the United States, Canada and Taiwan. It has also been recommended by the World Health Organization (WHO).

This bill therefore mandates the giving of routine Hepatitis B vaccination to all infants at birth in order to prevent the risk of acquiring the viral infection. All expenses for said vaccination shall be subsidized by the government as long as it is administered in a public health facility. This is intended to encourage parents to complete all the phases of Hepatitis B immunization for their children. The bill also creates an obligation on the part of health practitioners to inform the parents or legal guardian about the availability and benefits of newborn Hepatitis B immunization in order to foster public awareness as well as to ensure the effective implementation of this Act.

Hepatitis B virus infection is a significant health problem that concerns not only our country but also the rest of the world. And immunization at birth is found to be the most effective and incidentally, the most cost-efficient means of preventing it. Undoubtedly, it is less expensive to immunize children against HBV infection rather than to cure adults for chronic liver disease. This is true especially in light of the fact that the cost of vaccines has fallen dramatically since the early 1980s to the point that pediatric-dose vaccine in quantities of several hundred thousand can already be bought for less than US\$ 1 per dose in developing countries.

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



REP. JOSEPH EMILIO A. ABAYA

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AN ACT
PROVIDING FOR MANDATORY HEPATITIS B VACCINATION OF ALL
INFANTS WITHIN A REASONABLE PERIOD OF TIME AFTER BIRTH, AND
OTHER VACCINE-PREVENTABLE DISEASES

Section 1. Title - This Act shall be known as the "Mandatory Infant-Health Immunization Act of 2010"

Sec. 2. Declaration of Policy. In accordance with Section 15, Article II of the Constitution, it is hereby declared to be the policy of the State to take a proactive role in the preventive health care of infants. Towards this end, the State shall adopt a comprehensive, mandatory and sustainable immunization program for the Hepatitis B and other Vaccine-Preventable Diseases for all infants.

Sec. 3. Coverage. Hepatitis B vaccine shall be administered by any duly licensed physician, nurse or midwife to all infants born in hospitals, health infirmaries, health centers, or lying-in centers with obstetrical and pediatric services, whether public or private, within 24 hours from complete recovery. Provided, however, that in cases of infants born in places other than the above, where the services of a physician or nurse is not immediately available, any duly licensed physician, nurse or midwife who delivers, or assists in the delivery of the newborn shall be responsible for administering the vaccine to the latter.

The mandatory immunization under this Act shall cover the following vaccine-preventable diseases:

- a) BCG Vaccination against tuberculosis,
- b) Inoculation against diphtheria, tetanus and pertussis,
- c) Oral poliomyelitis immunization,
- d) Protection against measles,
- e) Immunization against Hepatitis B,
- f) Immunization against Rubella,
- g) H. Influenza type B (HIB), and
- h) Such other basic immunization services for infants as determined by the Secretary of Health in a department circular: Provided, that, children who were not vaccinated of any or all of the above vaccine-preventable diseases have five (5) years from the effectivity of this Act to get free vaccination from any government hospitals or health centers. Provided, further, that at the time of vaccination, the child is below eight (8) years old.

Sec. 4. Follow-up Vaccination for Hepatitis B. The infant shall be given a second shot of the Hepatitis B vaccine six weeks after the first dose. Subsequently, a third dose shall be administered to the infant fourteen weeks after the first shot.

The second and third shots shall be given at the local health center or at any government hospital in the barangay, municipality or city where the infant resides. *Provided*, that the parents or legal guardian of the infant shall have the option to take the child, at their own expense, to a private hospital or medical clinic for purposes of follow-up vaccination.

Sec. 5. Vaccination fees. All expenses for newborn Hepatitis B immunization administered in public health facilities shall be fully subsidized by the government. Those administered in private health facilities shall be shouldered by the parents or legal guardian of the newborn: *Provided*, that private health facilities shall be encouraged to develop a scheme for providing partial subsidy depending on the financial status of the parents or legal guardian.

Sec. 6. Obligation to Inform. Any physician, nurse, midwife, nursing aide or traditional birth attendant, who delivers, or assists in the delivery of, a newborn shall, prior to delivery, inform the parents or legal guardian of the newborn of the availability, nature and benefits of Hepatitis B immunization at birth. For purposes of this section, the non-government organizations shall formulate and prescribe guidelines on notification and education relative to the obligation to inform. The Department of Health, other government agencies, non-government organizations, professional and academic societies, and local government units shall make available appropriate information materials and shall have a system of its distribution to the public.

Sec. 7. Continuing Education and Training of Health Personnel. The Department of Health, with the assistance of local government units, academe, professional societies and non-governmental organizations, shall undertake a continuing information, education and training programs for all health personnel on the rationale and benefits of as well as modern procedures for newborn Hepatitis B immunization.

Sec. 8. Implementing Rules and Regulations. The Department of Health, in consultation with the National Immunization Committee, shall issue the implementing rules and regulations within ninety (90) days after the approval of this Act.

Sec. 9. Appropriations. The amount necessary to carry out the provisions of this Act shall be taken from the annual budgetary allocation of the Department of Health and shall be immediately included in the following year's General Appropriations Act, and thereafter.

Sec. 10. Separability Clause. If, for any reason, any part or provision of this Act shall be declared unconstitutional or invalid, the remaining provisions hereof which are not affected thereby shall continue to be in full force and effect.

Sec. 11. Repealing Clause. Republic Act No. 7846, and Republic Act No. 7392 are hereby amended accordingly. All laws, decrees, executive orders, rules and regulations, or any part thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

Sec. 12. Effectivity. This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,