

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1175



Introduced by HON. PHILIP A. PICHAY

EXPLANATORY NOTE

The World Health Organization (WHO) estimated that 1.5 million children worldwide are blind, two-thirds (or 1 million) of which are in Asia. In developing nations, 30%-70% of childhood blindness is avoidable. The leading etiology is corneal opacification caused by measles, xerophthalmia, and use of traditional eye medicine.

Using the WHO definition of blindness (i.e., inability to count fingers at 3 meters), the second national survey of blindness in the Philippines was conducted from April 1994 to June 1995. It revealed that a projected 478,968 out of 68.4 million Filipinos are blind. Estimates pegged those who lose their sight every week at 100 children.

About 50% of cases of blindness in Filipino children are treatable or preventable. The main culprits are poor nutrition (Vitamin A deficiency as the primary reason), measles, and premature birth. Another growing concern among pediatric practitioners is ophthalmic infections in the neonatal period, most of which are acquired during vaginal delivery.

Preventing blindness in the earliest stages of life has been actively addressed by other countries, even enacting laws to firm up such resolve. Indeed, this concern has been dealt with even as early as the latter part of the 19th century, when in 1881 Carl Siegmund Franz Crede recommended eye prophylaxis for newborns to prevent gonorrheal ophthalmia. Fortunately, various hospitals and other health institutions in the country have caught up with this practice. However, there is a great and dire need to heighten our efforts at responding to this challenge, not only to save our children from a handicapped existence but also to spare society from avoidable expenses required by their condition and profit from the productive lives these individuals may subsequently lead.

This bill seeks to put the government's imprimatur to this preventive measure by making ocular prophylaxis to newborns mandatory. Although giving the parents, specially the mother, the right to refuse, it is nonetheless anticipated that once approved, the bill would inculcate in the people the serious need for such application. It is noteworthy that a single application of

erythromycin (0.5%), for instance, costs around P160.00. One need not be a rocket scientist to figure out the immense value of such intervention vis-à-vis a lifetime of physical infirmity.

It may be argued that gonorrheal ophthalmia does not pose a problem to most Filipinos who stick to their partners at least for the duration of a marriage (which is another debatable point). Granting it to be so though, it is nonetheless common knowledge that sexually transmissible diseases can be acquired not only through sexual contact. The improper use and poor maintenance of public restrooms, for one, can cause such afflictions to be transmitted to another.

This proposed measure likewise should not worry those who may feel insecure about information concerning them going public. The bill considers such data as privileged and provides for safeguards to keep the sanctity of the records.

In view of the foregoing, approval of this measure is requested.


PHILIP A. PICHAY



Ins. 6

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1175

Introduced by HON. PHILIP A. PICHAY

AN ACT
MANDATING OCULAR PROPHYLAXIS ON NEWBORNS

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

SECTION 1. This Act shall be known as the Infant Eye Preservation Act of 2013

SEC. 2. Definition of Terms. a. ***Ophthalmia neonatorum*** Any disease or condition of the eye, or eyes of an infant in which there is inflammation, swelling or redness in either one or both eyes, either apart from or together with purulent discharge from the eye or eyes, at any time within two weeks after the birth of such infant, independent of the nature of the infection.

b. ***Healthcare practitioner.*** Physicians, midwives, and those authorized by law to attend at childbirth.

c. ***Health institutions.*** Hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and pediatric services, whether public or private.

d. ***Newborn.*** A child from the time of complete delivery to 30 days old.

e. ***Local health officer.*** City or municipal health officer.

SEC. 3. Any healthcare practitioner who delivers, or assists in the delivery, of a newborn in the Philippines shall, prior to delivery, inform the parents or legal guardian of the newborn of the availability, nature and benefits of ocular prophylaxis.

SEC. 4. It shall be the duty of any healthcare practitioner who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, 1% tetracycline ophthalmic ointment or 0.5% erythromycin ophthalmic ointment or 1% silver nitrate aqueous solution, all in a single application, or some other equally effective prophylactic for the prevention of *ophthalmia neonatorum* approved by the Department of Health.

Any observation of the condition defined in Section 2 (a) of this Act, the facts of application of ocular prophylaxis and of compliance with Section 3 hereof, and/or the written refusal referred to in Section 5, shall form part of the medical records of the newborn and copies of which shall be submitted by the healthcare practitioner to the local health officer not later than thirty (30) days from the date of birth.

Such reports and records shall be deemed privileged information and shall not be made available to the public without the prior consent of the mother, or the child upon reaching majority age, or the approval of a competent court.

SEC. 5. A parent or legal guardian may refuse ocular prophylaxis in writing: *Provided*, That in the absence of such written refusal, the healthcare practitioner should apply eye prophylaxis: *Provided further*, That the obligation referred to in Section 3 of this Act shall first be complied with prior to acceptance of the written refusal. A copy of this refusal documentation shall be made part of the newborn's medical record.

SEC. 6. It is the duty of all health institutions to post and keep posted in conspicuous places in their institution, copies of this Act, and to instruct persons professionally employed in such institutions and places regarding their duties under this Act, and to maintain such records of cases of *ophthalmia neonatorum* in the manner and form prescribed by the Department of Health.

SEC. 7. The local health officer shall:

1) Investigate each case of *ophthalmia neonatorum* reported to him, and any other such case as may come to his attention: *Provided*, That he cannot do so without the prior consent of the parents or guardian of the child;

2) Report all cases of *ophthalmia neonatorum* and the results of all such investigations as he may make, to the Department of Health in the manner and form prescribed by said Department.

SEC. 8. The Department of Health shall:

(1) enforce the provisions of this Act;

(2) provide for printing, publication and distribution to all health institutions and healthcare practitioners, advice and information on the proper use of scientific prophylactic for

ophthalmia neonatorum, the necessity for the prompt and effective treatment thereof, together with copies of this Act;

(3) prepare the appropriate documentary forms and furnish them to all local health officers for distribution to healthcare practitioners free of charge;

(4) report any and all violations of this Act to the Office of the Prosecutor of the province where said violations are committed.

SEC. 9. A. Any person who shall violate the first paragraph of Section 4 of this Act shall suffer the following penalties:

(a) for the first conviction, he shall suffer the penalty of fine of not less than Ten Thousand Pesos (P10,000) but not exceeding Twenty Thousand Pesos (P20,000.00);

(b) for the second conviction, the penalty of fine of not less than Twenty Thousand Pesos (P20,000.00) but not exceeding Thirty Thousand Pesos (P30,000.00) at the discretion of the court, and suspension of his license to practice his profession for thirty (30) days;

(c) for the third conviction, the penalty of fine not less than Thirty Thousand Pesos (P30,000.00) but not exceeding Fifty Thousand Pesos (P50,000.00) and suspension of his license to practice his profession for one (1) year or longer, at the discretion of the court, but in no case shall such suspension be less than thirty (30) days.

B. Any person who shall in any manner violate the third paragraph of Section 4 hereof shall suffer the penalty of imprisonment of not less than six (6) months but not more than one (1) year and a fine of not less than Ten Thousand Pesos (P10,000.00) but not more than Twenty Thousand Pesos (P20,000.00), at the discretion of the court, without prejudice to liabilities provided under other penal laws.

SEC. 10. The implementation of the provisions of this Act shall be in accordance with the rules and regulations to be promulgated by the Department of Health. Rules and regulations with penal sanctions shall be promulgated within one hundred eighty (180) days after approval of this Act and shall take effect (15) days after publication in the Official Gazette or in two (2) newspapers of general circulation.

SEC. 11. Any laws, decrees, ordinances or rules and regulations which are inconsistent with or contrary to the provisions of this Act is hereby amended or repealed.

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

Approved,