



PPS/PIDSP/PFV Recommendation for Covid-19 Vaccination in Children and Adolescents 5-17 years old

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The Philippine Pediatric Society (PPS), together with the Pediatric Infectious Disease Society of the Philippines (PIDSP) and the Philippine Foundation for Vaccination (PFV), continue to support the Department of Health (DOH) recommendation to provide COVID-19 vaccine to all eligible children ages 5 to 17 years old.

Children and adolescents remain susceptible to SARS-CoV-2 infection. Most COVID-19 infections in children are mild and asymptomatic, and thus the disease is unrecognized and underreported. Nevertheless, there are some cases that warrant hospitalization and lead to severe complications (i.e., Multisystem Inflammatory Syndrome in Children or MIS-C). COVID-19 cases in children increased dramatically in 2022 during the Omicron variant surge and at a time when the country relaxed public health and social measures. The latest DOH Report showed that 11.8% of COVID-19 cases occurred in those less than 19 years of age. Based on ongoing passive surveillance of the Salvacion Registry, although majority of COVID-19 in children are mild (42.1%) and moderate (23.8%), there were children who developed severe (6.2%) or critical (6.1%) COVID-19 infections. MIS-C was noted in 0.9% of reported cases.

The Philippine Food and Drug Administration (FDA) has granted Emergency Use Authorization (EUA) to a number of COVID-19 vaccines for use in children. These were further reviewed by the DOH Health Technology Assessment Council (HTAC) before recommendation and implementation. With the circulation of highly transmissible Omicron variant, assessment of benefits vs. risks remains favorable to vaccination of children and adolescents (especially those who are immunocompromised or with underlying diseases), together with adults. Available data confirm that while vaccine effectiveness in preventing SARS-CoV-2 infection was somewhat lower during Omicron predominance, vaccine effectiveness in preventing mortality remained high in children and adolescents regardless of the circulating variant. Immunization, through primary vaccination series and booster doses, remains vital to prevent severe infection in individuals and prevent transmission in the community.



More than 169 million doses of COVID-19 vaccines have been administered in the Philippines since the start of the country's vaccination program in March 2021. The roll out for adolescent population began in October 2021, while in children ages 5 to 11 years, this commenced in February 2022. In the country, safety data of COVID-19 vaccines are continuously being monitored. From the start of COVID-19 immunization roll-out in children until 31 December 2022, some 4,518 adverse events following immunization (AEFI) were reported for 12-17 years old and 2,145 AEFIs were seen for <12 years old. The most common reported reactions are pyrexia, dizziness, vaccination/injection site pain, headache, and rash. A very rare serious adverse event is myocarditis, which is mainly observed in young males after the second dose of mRNA COVID-19 vaccine. These myocarditis cases typically occurred within a few days after vaccination, were generally mild, responded to conservative treatment, and were less severe with better outcomes than classical myocarditis or COVID-19 related myocarditis. Twenty cases of myocarditis and three cases of pericarditis have been reported. Five cases of myocarditis have been assessed as product related reactions (as per published literature) and 15 cases together with the three cases of pericarditis are currently being reviewed.

For the moment, there is no local recommendation for COVID-19 booster administration in healthy children 5 to 11 years old who received standard full doses of primary series. However, as evidence is rapidly evolving, the PPS, PIDSP, and PFV continue to review data and shall update this recommendation when new information becomes available.



Interim recommended dosage and schedule for COVID-19 immunization in children in the Philippines

COVID-19 vaccine	Primary Series			Comments
	Age	Doses	Interval between Dose 1 and 2	
Pfizer-BioNTech mRNA (Comirnaty)	5 - 11 y/o	2 doses given as 0.2 ml (10ug/dose), Intramuscular	At least 4 weeks	No local recommended booster dose available
	12-17 y/o	2 doses given as 0.3 ml (30ug/dose), Intramuscular	At least 4 weeks	Additional dose can be given in immunocompromised 12 - 17 years at least 28 days after the 2nd dose A booster dose (third dose) may be administered at least 6 months after the second dose in individuals 12 years of age and older.
Moderna mRNA-1273 (Spikevax)	6 - 11 y/o	2 doses given as 0.25 ml (50ug/dose), Intramuscular	At least 4 weeks	No local recommended booster dose available
	12 - 17 y/o	2 doses given as 0.5 ml (100ug/dose), Intramuscular	At least 4 weeks	Additional dose can be given in immunocompromised 12 years and older (0.5 mL, 100 mcg) at least 28 days after the second dose. A booster dose of 0.25 ml (50mcg) may be administered at least 4 to 6 months after the second dose for 12 years and older.
SARS-CoV-2 Vaccine (Vero Cell) [Coronavac] (Sinovac)	6 - 17 years	2 doses given as 0.5 ml (600SU/dose), Intramuscular	At least 4 weeks	May be given as an alternative to mRNA COVID-19 Vaccine (eg. anaphylaxis to the first dose of mRNA vaccine or previous allergy to PEG)



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