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RECEIVED BY

Introduced by **Senator Richard J. Gordon**

AN ACT APPROPRIATING THE SUM OF ONE BILLION ONE HUNDRED SIXTY ONE MILLION SEVEN HUNDRED TEN THOUSAND PESOS (P1,161,710,000) AS SUPPLEMENTAL APPROPRIATIONS FOR FY 2018 AND FOR OTHER PURPOSES

EXPLANATORY NOTE

On 04 April 2016, the Department of Health (DOH) commenced its school-based dengue mass immunization program using the vaccine Dengvaxia manufactured by Sanofi Pasteur, the largest company in the world devoted entirely to vaccines. Dengvaxia was mass vaccinated in Regions 3 (Central Luzon) and 4 (Southern Tagalog), and the National Capital Region, covering about 830,000 children aged nine (9) to twelve (12). Notably, Dengvaxia was vaccinated to children without prior screening for serostatus to determine whether they have been previously infected by dengue.

In July 2016, the World Health Organization released a paper stating, among others, that Dengvaxia "may be ineffective or may theoretically even increase the future risk of hospitalized or severe dengue illness in those who are seronegative at the time of first vaccination regardless of age."

The Blue Ribbon investigation into Dengvaxia fiasco uncovered possible adverse effects to persons vaccinated by the drug, undisclosed fully by Sanofi Aventis to the world, and by the previous administrators in the Department of Health to parents and children.

In 29 November 2017, Sanofi Pasteur released a statement saying that "[f]or those not previously infected by dengue virus, however, the analysis found that in the longer term, more cases of severe disease could occur following vaccination upon a subsequent dengue infection." This recent declaration by Sanofi Pasteur has caused panic and despair among parents and guardians of those children who have been vaccinated.

There have already been a number of reports of deaths, and also cases of severe dengue, in children who were previously vaccinated with Dengvaxia. There is an urgent need for the DOH to monitor the health, diagnose whenever the children fall sick or ill, provide treatment when required, and rehabilitate all those who were adversely affected by Dengvaxia.

The DOH would require budget for its Medical Assistance Program for Dengvaxia Patients, in particular, for the monitoring, diagnosis, treatment and rehabilitation of possible victims of adverse events following the immunization of the Dengvaxia vaccine.

RICHARD J. GORDON