

## Philippines DOH Aims to Bring Philippines Back to their Golden Age of Vaccination When 90+% of Filipinos were Fully Jabbed (with the few doses available at that time) and Trusted Public Institutions.

Pertussis outbreak announced. Authorities adhere to the belief that Pertussis is vaccine preventable. The vaccine may prevent serious illness, but does not prevent infection or transmission. UPDATED.



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An outbreak of pertussis has been announced in Quezon City, with the reporting of 23 cases of Pertussis since the beginning of the year. Note that Quezon City is one of the most populous cities in the Philippines, with an estimated population of about 3 million. Let me see... that is in incidence of 0.00077% or 1 case for every 130,435 people.

METRO

# Pertussis or whooping cough outbreak declared in Quezon City

By: Luisa Cabato - Reporter / @luisacabatoINQ INQUIRER.net / 02:35 PM March 21, 2024



Quezon City Mayor Joy Belmonte declares a pertussis or whooping cough outbreak on Thursday, March 21, 2024, as the local government logged 23 cases of the bacterial disease since the start of the year. INQUIRER FILES

MANILA, Philippines — Quezon City Mayor Joy Belmonte declared a pertussis or whooping cough outbreak on Thursday as the local government logged 23 cases of the bacterial disease since the start of the year.

The Quezon City Epidemiology and Surveillance Division (QCESD) said the number of infections was tallied from January 1 to March 20.

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On Facebook, QCESD said: "Idineklara ngayong araw ni Quezon City Mayor Joy Belmonte ang 'pertussis outbreak' sa buong lungsod Quezon."

(Today, Quezon City Mayor Joy Belmonte declared a 'pertussis outbreak' in the entire city of Quezon.)



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Health and Wellness. Currently reporting is mostly focused on Covid-19 scene in the Philippines, with occasional Australia-rel posts.

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EDITORS' PICK



involving a van and a dump truck

TAGS: cough, pertussis, Quezon City

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Ever resourceful, ever responsible, the DOH has promised the arrival of a million doses of pertussis vaccine by June 2024: 3 months' time.

NATION

# 1 million pertussis vaccines to arrive in PH by June-DOH

By: Luisa Cabato - Reporter / @luisacabatoINQ INQUIRER.net / 06:45 PM March 23, 2024



DOH Spokesperson Dr. Eric Tayag addresses the media about the pertussis outbreak at the News Forum in Quezon City on March 23, 2024. (Photo by Arnel Tacson, INQUIRER.net)

MANILA, Philippines — Around one million doses of pertussis vaccines are expected to arrive in the country by June, Department of Health (DOH) spokesperson Eric Tayag said Saturday.

Pertussis, or whooping cough, is a “highly contagious” bacterial respiratory infection with symptoms such as mild fever, colds, and coughs appearing seven to 10 days after exposure.

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The disease can be treated with antibiotics and prevented through vaccination.

During the Saturday News Forum, Tayag revealed that between 800,000 and one million doses are expected to arrive by mid-year.

“We don’t have a percentage, but what’s in our inventory has been provided by the DOH to Quezon City, consisting of 1,500 doses, which they can utilize while awaiting the new supply, which might arrive in June,” he said when asked about the current stock of pertussis vaccines.

***As of March 9, DOH USEC Tayag said there were 453 reported pertussis cases in the country, with 35 deaths. Out of 453 patients who underwent laboratory testing, there were 167 confirmed cases.***

What is it? 453 cases or 167 confirmed cases?

35 deaths are concerning! However, from pertussis, with pertussis, with suspected pertussis, with confirmed pertussis? Sorry, I cannot take any reporting at face value!

In the meantime, Filipinos are being called upon to quash their fear and concerns over vaccination, specifically with reference to Dengvaxia, no mention at all of the Covid-19 Vaccines, and to bring their children for vaccine updating!

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TAGS: whooping cough

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HEADLINES

# Overcome ‘vaccine fear,’ Filipinos urged

By: Julie M. Aurelio, Krixia Subingsubing - @inquirerdotnet Philippine Daily Inquirer / 05:42 AM March 24, 2024



Former Health Secretary and now Iloilo Rep. Janette Garin urged Filipinos to get over “vaccine fear” and have their children and elderly inoculated amid the alarming rise of pertussis cases in the country.

“This is alarming, but we can prevent the spread of the disease through vaccination and observing proper hygiene,” said Garin, who headed the Department of Health (DOH) from 2015 to 2016.

**READ: 1 million pertussis vaccines to arrive in PH by June-DOH**

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The physician-lawmaker made the appeal as the DOH announced that it has undertaken a quick procurement of a million 5-in-1 vaccines amid increased cases of pertussis in Metro Manila, Calabarzon and Central Visayas.

“Vaccination saves lives, so we need to catch up,” Garin said, adding that fear of vaccines has been tagged as one of the reasons why Filipinos were less inclined to get shots against vaccine-preventable diseases, like diphtheria, pertussis and tetanus (DPT).

Widespread fear of vaccine safety emerged in the country after the 2016 controversy arising from the deaths of 14 schoolchildren who died after being given Dengvaxia vaccines during Garin’s term as DOH chief.

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However, DOH data showed that out of the 729,105 fourth grade students who received a Dengvaxia dose, only 14 died.

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**TAGS:** DoH, Garin, Health, vaccine

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The article claims only 14 children died following Dengvaxia dose. 14 is 14 too many! However, they seem to be stretching the truth! There are reports of far more than 14 deaths. There are 207 reports (up by 3 reports since my prior article) of Philippines Dengvaxia deaths in VAERS, which I wrote about 2 weeks ago. The accounts of these deaths can also be searched and read in [OpenVAERS](#).

## VAERS: FOREIGN REPORTS: Philippines: Summary of All Filipino Reports in VAERS. 1,161 Suspected C-19 Vax Deaths vs. 204 Dengvaxia Deaths. Will Dengvaxia Learnings be Applied to C-19 in Time?

SUPERSALLY888 · MAR 12

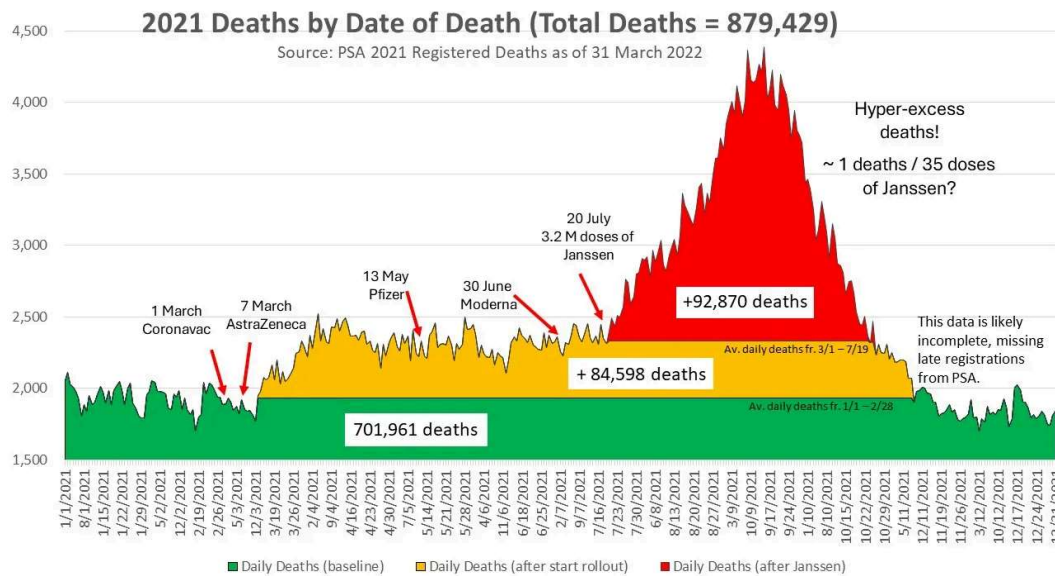


The US VAERS System as of 1 March 2024 contains 2.59 million reports, including 47,518 reports of deaths, as accessed via VAERSAWARE. Of these, 1.6 million are related to Covid-19 vaccination (since late 2020), including 37,440 deaths!

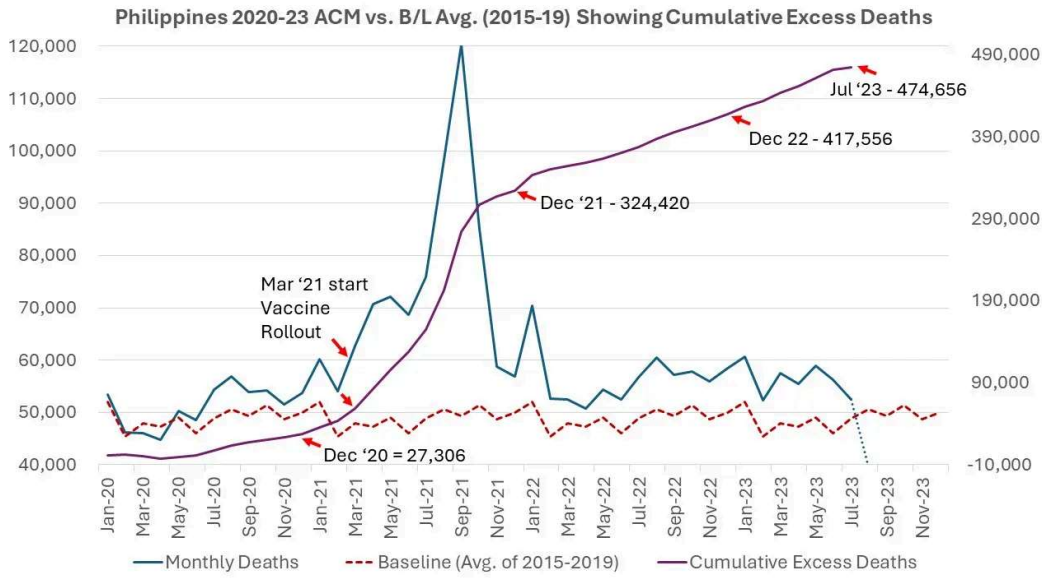
[Read full story →](#)

DOH catch call! **Bring back the Golden Age of Immunization** when people were not afraid of getting inoculated! What made them afraid, DOH? DOH is referring to people being afraid due to the Dengvaxia saga! What about the ongoing Covid-19 Vaccine saga? The hyper-excess deaths of 2021 following covid-19 vaccine rollouts? The number of people with poorer health / new disabilities post vaccination must be magnitudes higher than the deaths.

Apologies to readers who have seen these images. I add them again for my newer readers, welcome all, who may not have seen these staggering figures yet.



Nearly 500k excess deaths since 2020? With no rational explanation yet officially proffered. With continued vague mumbling about interrupted access to health care...



Curious the dead (and deadly) silence surrounding the essentially forced vaccination of most of the population!

## NEWS RELEASE

## DOH aims to bring back PH 'golden years' of immunization

March 23, 2024

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The Department of Health (DOH) is now working on bringing back the "golden years" of immunization in the Philippines in which the people are not afraid of getting inoculated, according to Health Undersecretary and spokesperson Dr. Eric Tayag.

In a news forum in Quezon City, Dr. Tayag said the DOH wants to bring back the country's prominence as having at least 90 percent immunization coverage.

Tayag said the immunization coverage was high in the Philippines when there was a campaign to eliminate polio under the "Oplan Alis Disease" campaign.

"Ang Pilipinas ay isa sa hinahangaan sapagkat hindi bababa sa 90 percent iyong nakukuha naming vaccine coverage lalo na, na nag-umpisa po sa kaniya ang polio elimination sa ating bansa," Tayag said, referring to DOH's former campaign.

"Iyan po ang number one priority niya (DOH Secretary Ted Herbosa) po, maibalik po iyong mga panahon ng dating Kalihim Juan Flavies ang sigla sa pagbabakuna sa ating bansa," he added.

Tayag said they are now trying to explain to the public the benefits of immunization as he emphasized the people are now doubting the program's safety and efficacy due to the Dengvaxia scare.

"Iyong coverage ng bakuna natin ay tumatakbo between 75 hanggang 85 percent po," Tayag said, referring to the immunization coverage in the Philippines before the so-called Dengvaxia scare.

"After Dengvaxia po ito ay bumaba ng 65, 60 percent. Kaya lang po may gusto rin kaming ipaliwanag dito sapat iyong report naming vaccine coverage ay sa public sector po," the health official added.

Tayag, however, said the immunization coverage is now getting back to normalcy when the people have slowly regained their trust and confidence to vaccines when the country was hit by the COVID-19 pandemic.

Tayag also clarified the immunization coverage is already high since the current record does not cover the initiatives of the private sector in also conducting inoculation drive against certain diseases.

"Hindi lang naman po iyong pamahalaan po natin o Department of Health ang may programa sa bakuna, dahil marami na ring umangat sa buhay po nila, marami ang nagpapabakuna rin sa private sector," he said.

Tayag said they are now closely coordinating with the Philippine Pediatric Society and other private entities, which recorded around 10 to 20 percent of their inoculation drive, bringing the country's coverage to around 60 to 70 percent.

Tayag added that they are not just looking at the vaccine coverage, but also at the availability of the vaccines in the country. \*PND\*

### **The Problem with Pertussis Vaccines is that while they can reduce morbidity, they cannot prevent infection and transmission, and thus cannot provide herd immunity!**

Pertussis vaccines are capable of preventing serious illness from pertussis. However, they are not capable of preventing infection and transmission of pertussis. The long-time assumption that these vaccines prevented transmission was proven false in 2014.

► Proc Natl Acad Sci U S A. 2014 Jan 14;111(2):787-92. doi: 10.1073/pnas.1314688110.  
Epub 2013 Nov 25.

## Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model

Jason M Warfel<sup>1</sup>, Lindsey I Zimmerman, Tod J Merkel

Affiliations + expand

PMID: 24277828 PMCID: PMC3896208 DOI: 10.1073/pnas.1314688110

### Abstract

Pertussis is a highly contagious respiratory illness caused by the bacterial pathogen *Bordetella pertussis*. Pertussis rates in the United States have been rising and reached a 50-y high of 42,000 cases in 2012. Although pertussis resurgence is not completely understood, we hypothesize that current acellular pertussis (aP) vaccines fail to prevent colonization and transmission. To test our hypothesis, infant baboons were vaccinated at 2, 4, and 6 mo of age with aP or whole-cell pertussis (wP) vaccines and challenged with *B. pertussis* at 7 mo. Infection was followed by quantifying colonization in nasopharyngeal washes and monitoring leukocytosis and symptoms. Baboons vaccinated with aP were protected from severe pertussis-associated symptoms but not from colonization, did not clear the infection faster than naïve animals, and readily transmitted *B. pertussis* to unvaccinated contacts. Vaccination with wP induced a more rapid clearance compared with naïve and aP-vaccinated animals. By comparison, previously infected animals were not colonized upon secondary infection. Although all vaccinated and previously infected animals had robust serum antibody responses, we found key differences in T-cell immunity. Previously infected animals and wP-vaccinated animals possess strong *B. pertussis*-specific T helper 17 (Th17) memory and Th1 memory, whereas aP vaccination induced a Th1/Th2 response instead. The observation that aP, which induces an immune response mismatched to that induced by natural infection, fails to prevent colonization or transmission provides a plausible explanation for the resurgence of pertussis and suggests that optimal control of pertussis will require the development of improved vaccines.

**Keywords:** IL-17; T-cell memory; adaptive immunity; animal models; whooping cough.

Vaccinated baboons (and later proven to be the same with humans) are usually (but not always) protected from serious disease. However, they are still able to become infected, carry that infection for longer than non-vaccinated infected baboons, and pass that infection on to other animals. Unvaccinated animals, after a first infection, had permanent immunity, did not become infected with subsequent exposure and, not being infectable, could not transmit to other baboons.

Translate this to humans. It is true that vaccinated humans will typically have mild or even asymptomatic illness. However, they will not know they are sick and thus they will interact normally with others in their community, maybe including very young infants who are at risk of severe illness, and pass their infection on.

A vaccinated mother cannot pass protective antibodies to her baby through breastmilk, to the extent that a previously infected unvaccinated mother can (same applies for measles).

Vaccination of family members of a new infant, still too young for pertussis vaccine, may enhance that family's chance of asymptomatic or mildly symptomatic illness and INCREASE

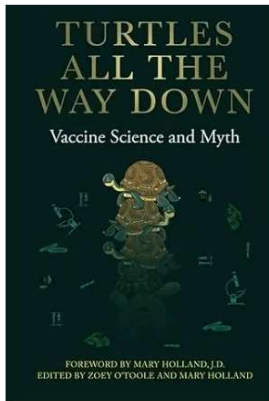


that infant's risk of serious pertussis illness / death.

Like all medicines, pertussis vaccine can have side effects for some recipients, which may sometimes include death. Pertussis vaccines have been associated with development of autism / developmental disorders in some recipients.

For those wanting more information, I highly recommended this exquisitely researched book, available from Amazon.

Books › Medical Books › Administration & Medicine Economics



### Turtles All The Way Down: Vaccine Science and Myth

Hardcover – August 3, 2022

by Anonymous (Author), Zoey O'Toole (Editor), Mary Holland J.D. (Editor, Foreword)

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If you are reading this, you are probably aware of the fierce debate surrounding vaccination and looking for information that will allow you to make the best decisions for yourself and your loved ones. Whether you are a parent or a parent to be, sorting through the many arguments on vaccines can be daunting. Still, you need an answer, a definitive one, to the crucial question: Who has it right in the great vaccine debate – the critics, who claim that vaccines often cause serious harm, or the medical establishment, which tells us that vaccines are safe and effective and the science is settled?

Rest assured, you have come to the right place. *Turtles All the Way Down: Vaccine Science and Myth* will resolve the vaccine question for you, once and for all. By the time you finish reading, not only will you see the answer clearly for yourself, you will also have the scientific references and specific quotes at your disposal that prove it – more than 1,200 of them – all from mainstream scientific papers and textbooks, the official publications of relevant government agencies, or manufacturers' documents.

The book consolidates a great deal of information (accompanied by detailed analysis) that is scattered in hundreds of

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Print length



518 pages

Language



English

Publication date



August 3, 2022

Dimensions



6 x 1.49 x 9 inches

ISBN-10



9655981460

The references for the book are available at <https://tinyurl.com/TurtlesBookEngRef>. Below are some sample references for pertussis from the link. Very comprehensive links are provided for all major vaccines.

36	<b>Article Name:</b> Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model <a href="http://www.pnas.org/content/pnas/111/2/787.full.pdf">http://www.pnas.org/content/pnas/111/2/787.full.pdf</a>		<b>PMID:</b> 24277828
	<b>Lead Author/Year:</b> Jason M. Warfel, 2014		<b>Archive:</b> <a href="https://drive.google.com/open?id=1XS P3srbYjgMOiC1TiGMRMQpL2SQDH RDt">https://drive.google.com/open?id=1XS P3srbYjgMOiC1TiGMRMQpL2SQDH RDt</a>
	<b>Journal:</b> PNAS		
	<b>P 3:</b> Therefore, no experimental data exist on whether vaccination prevents B. pertussis colonization or transmission in humans.		
	<b>Article Name:</b>		<b>PMID:</b> 28928960

The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of <i>Bordetella pertussis</i> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf</a>		Archive: <a href="https://drive.google.com/open?id=1bCru-8-TfSy2uwMt0InoQ_yY3B-6laEB">https://drive.google.com/open?id=1bCru-8-TfSy2uwMt0InoQ_yY3B-6laEB</a>
Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research	
P 3: A significant, but surprisingly under-examined, unknown is whether an asymptomatic infection state exists for <i>B. pertussis</i> , as is the case for many other bacterial respiratory pathogens, notably <i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> type B (HiB), and <i>Neisseria meningitidis</i> ... But does <i>B. pertussis</i> exist in an asymptomatic infection state also? Can pertussis transmit from asymptomatic individuals? Do pertussis vaccines interfere with these processes? And, if so, how? These are fundamental unresolved questions.		

37	Article Name: The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of <i>Bordetella pertussis</i> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580413/pdf/f1000research-6-12588.pdf</a>	PMID: 28928960
		Archive: <a href="https://drive.google.com/open?id=1bCru-8-TfSy2uwMt0InoQ_yY3B-6laEB">https://drive.google.com/open?id=1bCru-8-TfSy2uwMt0InoQ_yY3B-6laEB</a>
	Lead Author/Year: Christopher Gill, 2017	Journal: F1000 Research
P 3: There is increasing consensus that earlier whole cell pertussis (wP) vaccines impeded infections (not just clinical disease), generating herd immunity.		
Abbreviated Name: Plotkin 2013 - Vaccines (6th edition)		
P 492: Humans are the only reservoir for pertussis, and chronic carriage is not known to occur. In principle, then, pertussis can be eradicated.		

Covid-19 Vaccine mediated immune system destruction also cannot be discounted as at least partially implicated in rising cases of a variety of infectious and transmissible illnesses in the Philippines.

**Treatment of Pertussis**

Treatment of pertussis can be via antibiotics (only of use in early diagnosis). Very young infants may need assistance during coughing as they do not yet have the abdominal strength to cough effectively. This requires an adult to cup the infants belly and provide firm support (bracing) during coughing. This description is from the Humpries article, also linked below.

### **Managing the cough in young babies**

With any cough, particularly whooping cough, turn the baby around, with its back to your abdomen. While sitting down, split your legs, so the baby is supported around the abdomen but the legs are straight down between your thighs. Your hands make a gentle net around the baby's ribcage and abdomen, and when the baby coughs, you lean forward slightly to angle the baby, allowing the baby to have something for the abdominal muscles to push against as it coughs. You give the baby some pressure to use, but **do not press in** yourself. They haven't learned to control their muscles to get an efficient cough yet, so your hands give them a wall to push against, and make it much easier for them. You may get a clear mucous glob ejected onto your floor. Better out than in. Don't attempt to catch it, or you may drop the baby.

Some parents like to put the baby on the shoulder and bounce and rock. Some dads put them on the forearm. You have to find the position that works best for you and the baby. These are all just suggestions.

If your child's cough is whooping cough, it may last the normal time—supposedly 100 days, but the cough will be a nuisance only, after the 5-7 day peak period.

With young children, eating can sometimes provoke a coughing fit. Know that, and give a child a small portion first. If that triggers a coughing fit, sometimes they will also vomit up what they have just eaten, particularly if they have swallowed mucus after coughing. After they have coughed and/or vomited, they will usually be able to eat again without coughing or vomiting.

If you are breastfeeding, you may notice that each time you feed, this could provoke a cough, usually during a brisk "let-down". Deal with the cough first—let the milk spray if need be. Get the mucus up from the baby's stomach, then put the baby back on the breast straight away. If you do it that way, there should be no cough because the mucus has gone, and baby will take the full feed. It is best to get that toxic mucus out of the baby BEFORE the full feed. This could require you putting the baby to the breast and taking them off after a 30 second to a minute, letting them vomit, and then restarting. It depends on whether they are vomiting or not. The aim is to get the vomit up before the full feed. The same process applies to formula fed babies.

A detailed description of pertussis, it's management and the vitamin C treatment protocol. A highly recommended study for anyone concerned about pertussis.

## Suzanne Humphries, MD



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← Why is nobody studying vitamin C in whooping cough?  
~Suzanne Humphries, MD

Common vaccine ingredient implicated in NEJM article as causative in serious type of kidney disease. By Suzanne Humphries, MD →

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### Sodium ascorbate/ Vitamin C treatment of whooping cough. Suzanne Humphries, MD

Posted on [October 17, 2017](#) by [Suzanne Humphries](#)



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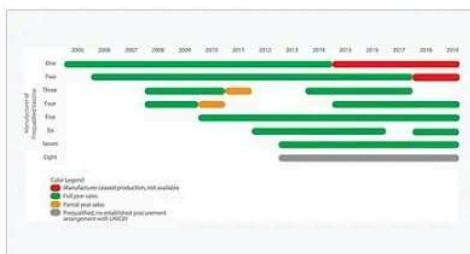
## Is Pediatric Mortality Linked with Vaccination / Overvaccination?

Some 50,000 children die in the Philippines every year, the majority of these babies and children in their first 5 years of life! Do vaccines help or hinder? Are some vaccines helpful, and others not?

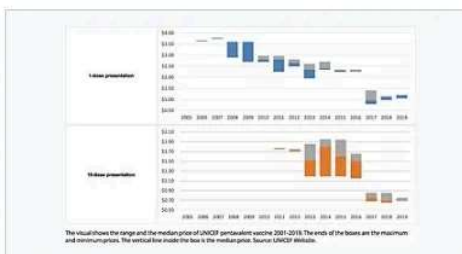
[Unicef \(2021\) recommended vaccines for Filipino infants include BCG \(tuberculosis\) and HepB at birth, Pentavalent \(Diphtheria, Pertussis, Tetanus, Haemophilus Influenzae type b and Hepatitis B\) at 6, 10, and 14 weeks, Oral polio 6, 10 and 14 weeks, Inactivated polio at 14 weeks and 9 months, PCV at 6, 10 and 14 weeks, and MMR at 9 months and 1 year. School based HPV delivery is recommended for older children.](#)

Discussion of the pentavalent vaccine recommended by UNICEF, [here](#), and [here](#). Note the following point taken from the first link. That high income countries tend to use alternative formulations, which have a more favorable profile of side-effects. Meaning that these UNICEF provided vaccines have a worse safety profile than those available at higher cost!

High-income countries tend to use alternative formulations using acellular pertussis (Pa), which has a more favourable profile of side-effects, rather than whole-cell pertussis components.<sup>[14][1]</sup> In Europe, hexavalent vaccines that also contain inactivated polio vaccine (IPV) are in wide use.<sup>[15]</sup>



The number of manufacturers making certified pentavalent vaccine<sup>[16]</sup>



All pentavalent vaccine prices fell and price discrimination almost vanished. Graph by GAVI; non-UNICEF prices not shown.<sup>[16]</sup>

Review > Vaccine. 2012 Sep 28;30(44):6241-8. doi: 10.1016/j.vaccine.2012.07.088.

Epub 2012 Aug 10.

## Development and introduction of a ready-to-use pediatric pentavalent vaccine to meet and sustain the needs of developing countries--Quinvaxem®: the first 5 years

D A Schmid <sup>1</sup>, A Macura-Biegun, M Rauscher

Affiliations + expand

PMID: 22889824 DOI: 10.1016/j.vaccine.2012.07.088

### Abstract

Quinvaxem(®) injection (DTwP-HepB-Hib fully-liquid combined vaccine) is a ready-to-use, preservative-free, fully-liquid combined vaccine containing diphtheria and tetanus toxoids, Bordetella pertussis inactivated cellular suspension, hepatitis B surface antigen (HBsAg), and Haemophilus influenzae type b conjugated oligosaccharide. The vaccine was the first ready-to-use, fully-liquid pentavalent vaccine to gain WHO pre-qualification status in 2006. The immunogenicity and safety of Quinvaxem(®) was assessed in four clinical trials and a large post-marketing surveillance study. Quinvaxem(®) was found to be highly immunogenic in each of the primary vaccination studies and was also shown to be suitable as a booster with the advantage that it could be given concomitantly with measles vaccine. Quinvaxem(®) has become a cornerstone in EPI vaccination programs. To further support the needs of EPI vaccination processes and developing countries, a simple, all-in-one, compact, prefilled, auto-disabled Uniject(®) injection system has been chosen and optimized as a potential new presentation for Quinvaxem(®). Hopefully, Quinvaxem(®) in the Uniject(®) presentation will help vaccination programs in developing countries to achieve more.

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Pentavalent vaccine insert [Quinvaxem](#). As extracted from the insert, as part of licensing, the product was tested on 1,278 healthy infants who were monitored for signs or symptoms for **5-7 days!** That is your safety study! Before widespread rollout!

**Clinical trial data**

In the five major clinical trials performed, 3495 doses *QUINVAXEM* were administered in 1278 healthy infants from six weeks of age. Of these, 3120 doses were administered as part of a primary vaccination regimen and 375 as a booster dose. In these clinical studies, signs and symptoms were actively monitored in all subjects for five to seven days following the administration of the vaccine. No serious adverse events attributable to the vaccine have been reported during the course of clinical trials.

The frequencies, based on the number of doses administered, are provided according to the following convention:

Very common	$\geq 1/10$
Common	$\geq 1/100$ and $< 1/10$
Uncommon	$\geq 1/1000$ and $< 1/100$
Rare	$\geq 1/10000$ and $< 1/1000$
Very rare	$< 1/10000$ , including isolated reports

**Gastrointestinal disorders:**  
Common: diarrhoea; vomiting

**General disorders and administration site conditions:**  
Very common: injection site pain; injection site swelling; injection site redness; fever, crying  
Common: persistent crying  
Uncommon: fever  $\geq 39.5$  °C; influenza-like illness

**Metabolism and nutrition disorders:**  
Very common: feeding disorders

4

**Nervous system disorders:**  
Very common: sleepiness

**Psychiatric disorders:**  
Very common: irritability

**Skin and subcutaneous tissue disorders:**  
Common: rash

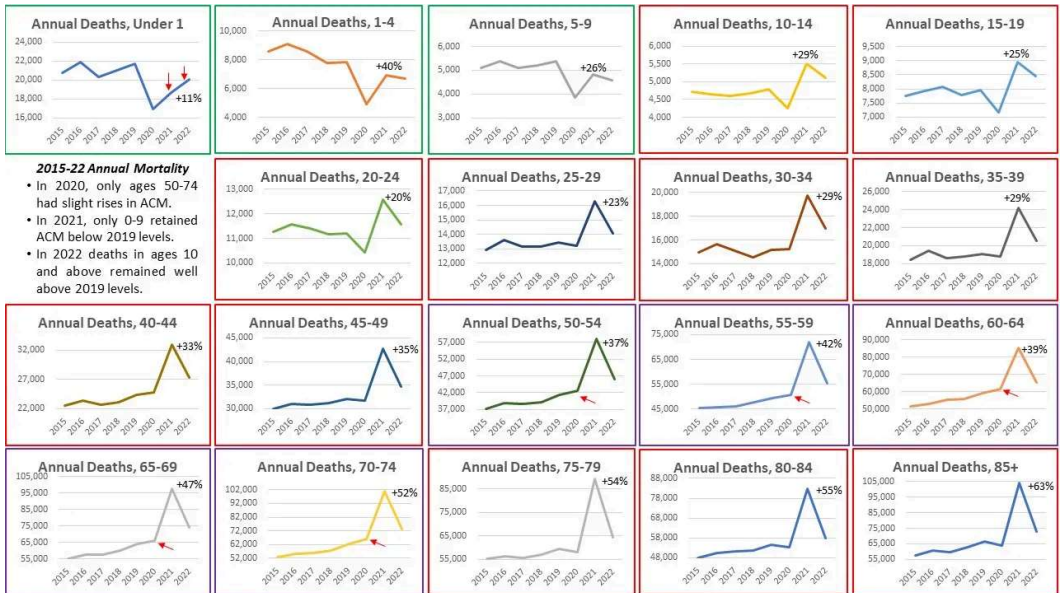
**Postmarketing data**

In addition to the adverse reactions reported during clinical studies and listed above, the following adverse reactions have been reported during postmarketing experience.

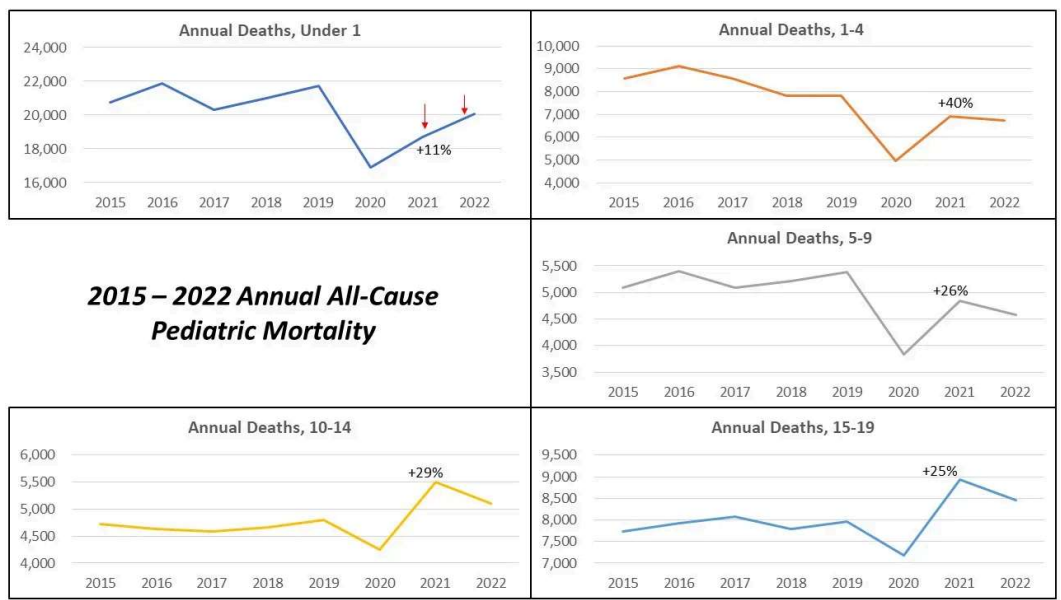
In the post-authorisation period rare cases of hypotonic-hyporesponsive episodes have been reported with *QUINVAXEM*. In all cases the symptoms disappeared spontaneously with no sequelae. Allergic reactions, including urticaria and rarely severe anaphylactic reactions have been reported.

Every life is precious and represents an investment of a family and community. Further research rather than simple adherence to long-accepted but unproven dogma is required. I keep coming back to this pandemic finding! Far fewer children died in 2020 the first year of the pandemic when many children missed vaccines due to lockdowns. Lower deaths continued in 2021, but only among the age-groups that were not eligible for Covid-19 vaccines. Deaths spiked sharply in 2022 with the catch-up routine vaccination campaigns. Similar findings were noted worldwide. Pediatric deaths dropped when children missed vaccinations! Shouldn't this trigger some detailed research, some caution, some rethink?

Overall Population Deaths by Year and Age-Group, 2015-2022

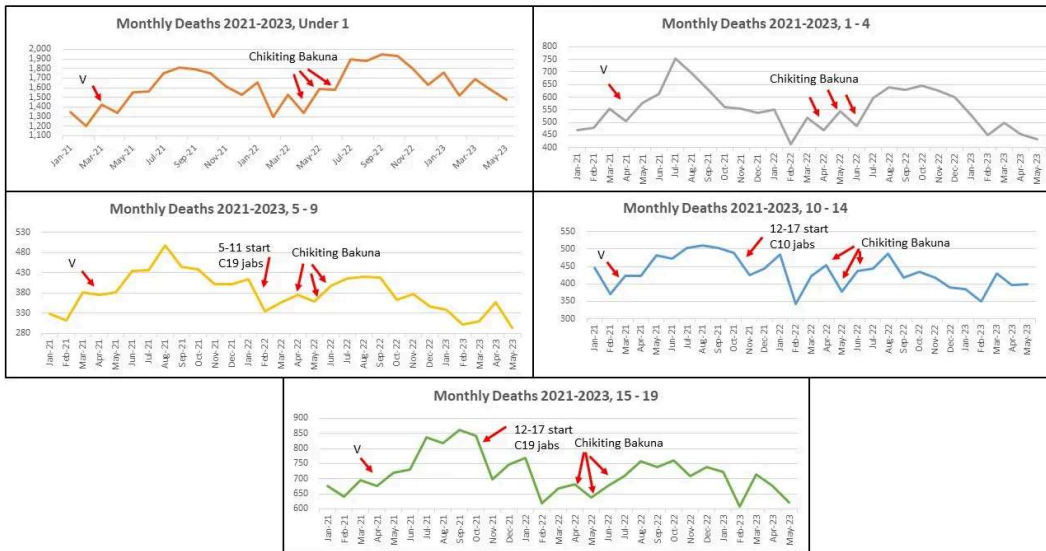


Pediatric Deaths by Year and Age-Group, 2015 - 2022



Pediatric Deaths by Month, 2021 to 2023. While correlation does not equal causation, shouldn't such trending arouse scientific and medical curiosity, trigger a comprehensive investigation. After all, these are the lives of our most precious children at stake!

### 2021 – 2023 Pediatric Monthly All-Cause Mortality



Philippines DOH is headed by health professionals who absolutely believe in the benefit of all vaccines. So golden age of vaccination it will be, unless the people say no, and demand genuine and adequate safety studies, full informed consent, the right to choose and to bodily integrity, and the right to say yes or no freely without consequences!



DOH should recognize that their, and the Government's, Covid-19 response has done far more to fuel hesitancy and loss of public trust than Dengvaxia ever did! This is not over yet! Not by a long shot!



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### 11 Comments



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