INTERIM NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP FOR COVID-19 VACCINES
RESOLUTION NO. 5
Series of 2021

"WHEREAS, on 30 January 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19), a disease caused by a novel Severe Acute Respiratory Syndrome - Coronavirus2 (SARS-CoV2), as a Public Health Emergency of International Concern (PHEIC)".

"WHEREAS, the Philippines since January 2020, has been responding to the COVID-19 pandemic and has implemented numerous interventions in response to the pandemic".

"WHEREAS, the National Government intends to introduce safe and effective COVID-19 vaccine to:

a) reduce morbidity and mortality while maintaining the most critical essential services;
b) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others;
c) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and
d) responsibly resume social and economic day-to-day operations and activities.

"WHEREAS, the Interim National Immunization Technical Advisory Group for COVID-19 vaccines adhere with the guiding principles of Transparency, Timing, Equity, Solidarity, Trust and Prioritization".

"WHEREAS, the national government has initiated rollout of the COVID-19 Vaccine Deployment Program on March 1, 2021 using the SINOVAC vaccine which has an Emergency Use Authorization (EUA) from the Philippine Food and Drug Administration (FDA) for the healthy population aged 18 to 59 years old. NITAG then recommended that given special precautions for healthcare workers with direct exposure to COVID-19 patients (as stated in the EUA) these health care workers (Priority Group A1) should be given the autonomy to decide whether or not they consent to be vaccinated with the SINOVAC vaccine without prejudice to their immediate eligibility to receive the other vaccine brands.

"WHEREAS, based on the Emergency Use Authorization (EUA), the Philippine Food and Drug Administration (FDA) recommended that the AstraZeneca (ChAdOx1-S [recombinant]) vaccine shall be administered to individuals 18 years old to and older.

"WHEREAS, the AstraZeneca (ChAdOx1-S [recombinant]) has a positive recommendation from Health Technology Assessment Council.

"WHEREAS, the World Health Organization (WHO) instructed that the AstraZeneca (ChAdOx1-S [recombinant]) vaccines under COVAX agreements be allocated using the

prioritization framework prioritizing the vaccination of healthcare workers. Any violations of the GAVI stipulations may affect future COVAX deliveries to the country, as indicated in the terms and conditions of the GAVI grant, to read:

> "GAVI may suspend all or part of its funding or Approved Vaccine allocation to the Country if it has reason to suspect that funds, equipment, supplies or Approved Vaccine have been misused or used for purpose other than for the programme(s) described in the Country's Application, or any GAVI-approved amendment to the Application. GAVI retains the right to terminate its support to the Country for the programme(s) described in its Application if a misuse of GAVI funds, equipment, supplies or Approved Vaccine is confirmed."

"NOW, THEREFORE, BE IT RESOLVED that the Interim National Immunization Technical Advisory Group for COVID-19 vaccines issues the following recommendations:

1. Additional Guidance on the Administration and Allocation of Existing Donated Sinovac Vaccines
    a. Each health facility should update their current masterlists to accurately measure which eligible vaccine recipients for Priority A1 would be taking the Sinovac vaccine.
    b. For vaccines which have already been distributed to the vaccination sites (e.g. hospitals and CHDs), and based on the updated masterlists, any excess doses of the said Sinovac vaccines shall be stored for the second dose of vaccinated HCWs in each facility.
    c. For previously allocated vaccines not yet distributed to specific vaccination sites, the allocation list shall be updated based on the revised masterlist of Sinovac vaccines.
    d. All health facilities, local government units, and institutions with recipients belonging to Priority A1 especially in NCR shall immediately submit and update their masterlists to the National Vaccine Operations Center and the Department of Information and Communications Technology.
    e. The recommended scheduling of the second dose shall be 4 weeks up to 4 weeks and 4 days after, computed from the date of the first dose of the Sinovac vaccine.
    f. Consistent with indications in the EUA and in light of the arrival of the AstraZeneca vaccines, Sinovac vaccines are **NOT** recommended to be administered to health care workers aged 60 years old and above.

2. Administration and Allocation of AstraZeneca Vaccines from the COVAX Facility for this specific batch of donations
    a. AstraZeneca vaccines shall only be provided to Priority A1 healthcare workers in frontline health facilities to avoid violations in the national government's agreement with the COVAX facility.

b. Astrazeneca shall be initially allocated in the following order of prioritization:
    1. All healthcare workers in all Level 3 hospitals (including COVID referral hospitals) nationwide;
    2. Other dedicated COVID-19 referral government hospitals in areas with no Level 3 hospitals;
    3. Senior citizen healthcare workers in other hospitals nationwide not otherwise included above;
    4. Remaining Priority A1 eligible recipients in NCR, prioritizing senior healthcare workers as is consistent with the prioritization framework.
c. Allocation recommendations for any excess doses should be used consistent with the approved prioritization framework of the COVID-19 Vaccine Deployment Program.
d. The dosing interval indicated in the Philippine EUA for the AstraZeneca vaccine is from 4-12 weeks computed from the date of the first dose. Vaccination sites should schedule second dose consistent with EUA interval indications and inform their respective Regional Vaccine Operations centers and Centers for Health Development.
e. Vaccine recipients who shall be refusing to get the AstraZeneca vaccines shall receive their vaccine after all priority groups have been vaccinated

3. Administration and Allocation of AstraZeneca Vaccines from the COVAX Facility for this specific batch of donations
    a. Vaccination sites may schedule the second dose of the vaccine to vaccine recipients after the recommended interval due to operational considerations, provided they inform the Regional Vaccine Operations Center through the DOH Center for Health Development.
    b. Co-administration of different vaccine brands to the same vaccine recipient shall **NOT** be allowed. Only one vaccine type for both doses shall be administered per vaccine recipient.
    c. To reduce vaccination errors and minimize wastage, only one vaccine may be administered in a vaccination site per day. Vaccination sites and implementers must ensure advance scheduling of vaccine recipients especially for instances of multiple and simultaneous dispatch of vaccines of different brands.
    d. Maintaining a vaccine recipient's right to accept, choose, and refuse vaccines without prejudice to their immediate eligibility for the next available vaccine are limited to groups with special precautions indicated in the EUA. Vaccine recipients who refuse outside this scope shall still be given vaccines provided all other priority groups have already been offered an opportunity to be vaccinated.

RESOLVED during the 14th Meeting of the Interim NITAG for COVID-19 Vaccine, as reflected in the minutes of the meeting, held on 4th of March 2021 via Zoom video conference.

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