

Correspondence

Prioritization of persons with special needs in Covid-19 vaccinations in the Philippines

ABSTRACT

The World Health Organization (WHO) has stated that vaccinations against Covid-19 are safer than not getting vaccinated. Covid-19 is a severe respiratory disease caused by the coronavirus. In the Philippines, the Department of Health (DOH) has implemented a prioritization policy framework for its Covid-19 vaccination program. However, upon consideration of the sectors listed in the guidelines, persons with special needs like those with autism spectrum disorder (ASD) appear to be omitted or at the very least not specified in the Vaccination Prioritization Policy. This is a policy gap that needs to be corrected.

Keywords disabilities, ethics, public health

In a recently published article on the impact of quarantine measures in reducing mortality, an emphasis on policymaking with regard to preventive measures on the part of the government was mentioned by the authors.¹ Given that vaccinations prove to be effective in stopping the spread of Covid-19, an analysis of the prioritization measures by the Government of the Republic of the Philippines is necessary to determine if it adheres to the principle of justice and equality. This paper seeks to question the omission of persons with special needs like those with autism spectrum disorder (ASD) in the Covid-19 Vaccination Prioritization Policy.

Why is a prioritization framework needed in the Covid-19 vaccination program? According to the Department of Health (DOH), the rationale is ‘to reduce mortality and to preserve the health system in the Philippines’.² As of 26 July 2021, around 17.2 million dosages have been administered in the country.³ But a closer look at the policy framework does not specify persons with special needs.

Let us first take a look at the categorizations: under Priority Eligible A are: A1—workers in frontline health services; A2—all senior citizens; A3—persons with co-morbidities; A4—frontline personnel in essential sector and A5—indigent population. Under Priority Eligible B are: B1—teachers, social workers; B2—other government workers; B3—other

essential workers; B4—socio-demographic groups; B5—overseas Filipino workers and B6—other remaining workforce. Under Priority Eligible C are the rest of the Filipino population who are not otherwise included in the above groups.²

Understandably, the reason for the above is a safe return to normal. People have suffered from the economic contraction, and without the safety provided by the vaccines, the risk of infection remains very high. According to the World Health Organization (WHO), getting vaccinated is safer than getting infected.⁴ However, it is objectionable not to include persons with ASD as high priority. For instance, policymakers should consider the fact that if a person with autism gets the infection, hospital protocols will not allow a caregiver or the parent to attend to the patient due to the high infectiousness of Covid-19.

Persons with autism manifest hyperactive behavior, so it is impossible for them to follow orders from the medical staff. Given this situation, the right step on the part of health care policymakers at this time of the pandemic is to ensure that persons with special needs be prioritized. The reason for this is that this sector is vulnerable to family members who can be exposed to Covid-19, and if that happens, managing a patient with autism would be very difficult. This issue is a

matter of justice and equality. Excluding persons with special needs is a severe violation of the basic regard for the dignity of all. Persons with autism do not have the means to defend themselves in a world that excludes the powerless.

References

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<https://doi.org/10.1093/pubmed/fdab324>