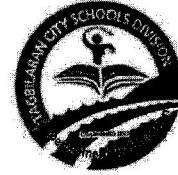




Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CITY SCHOOLS – TAGBILARAN
City of Tagbilaran



Rajah Sikatuna Avenue, Dampas, Tagbilaran City, Bohol 6300 ☎ (038) 544-2147; 427-1702 ✉ dtagbilarancitydivision@yahoo.com 🌐 www.depedtagbilaran.org

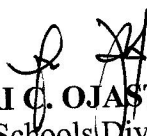
February 21, 2019

Division Memorandum
No. 080, s. 2019

**IMMEDIATE IMPLEMENTATION OF CATCH-UP SCHOOL-BASED IMMUNIZATION
(SBI) PROGRAM ON MEASLES AND POLIO**

TO: **All Public and Private Elementary & Secondary School Heads
All Others Concerned**

1. For the information and guidance of all concerned, enclosed is a copy of Regional Memorandum No. 0104, s. 2019, dated February 16, 2019 with the Subject: **Immediate implementation Of Catch-up School-Based Immunization (SBI) Program On Measles And Polio.**
2. The Department of Health (DOH) will conduct **Mixed Method: Non-Selective and Selective Mass Measles and Polio Vaccine for Targeted Population from February to end of March 2019.**
3. For more information and guidance, please read enclosure therein for your awareness.
4. Please be guided accordingly.


NERI C. OJASTRO, Ed. D, CESE
Asst. Schools Division Superintendent
OIC, Office of the Schools Division Superintendent *BAU*



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City



FEB 18 2019

REGIONAL MEMORANDUM

No. 0104, s. 2019

**IMMEDIATE IMPLEMENTATION OF CATCH-UP SCHOOL-BASED IMMUNIZATION
(SBI) PROGRAM ON MEASLES AND POLIO**

To: Schools Division/City Superintendents
Officers-in-Charge of Regular/Interim Divisions
All Others Concerned

1. Attached is a letter from the Department of Health Regional Office VII (DOHRO7) with attached references as 1) DOHRO7 Advisory No. 07, s. 2019 and 2) DepEd Memorandum No. 173, s. 2017 on the **School-Based Immunization (SBI) Program for SY 2018-2019**.
2. With the declared outbreak of Measles in Region VII and to immediately control the ongoing transmission, DOH will conduct **Mixed Method: Non Selective and Selective Mass Measles and Polio Vaccine for Targeted Population form February to end of March 2019**.
3. Schools Division Superintendents are hereby requested to support the activity by mobilizing school health personnel and disseminating to the schools to allow DOH Health Personnel to conduct the stated vaccination.
4. However, you are still reminded of the DepEd policy on parents' consent and to ask the DOH vaccinators to leave a copy of their accomplished form to be submitted to the Division Health Section.
5. For clarifications and inquiries, please coordinate with Mr. Ruff Vincent I. Valdevieso, EPI Nurse Coordinator, DOH-RO7 at tel. no. (032) 418-7633 or email at dohro7.nip@gmail.com.
5. For your guidance and support.


SALUSTIANO T. JIMENEZ, CESO VI
OIC, Assistant Regional Director

JAJ/STJ/ESSD/bvjy/mmp

Office of the Director (ORDir), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4542
Field Technical Assistance Division (FTAD), Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7323
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 233-9030;
414-7065 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8061; 414-7321

“EFA 2015: Karapatan ng Lahat, Pananagutan ng Lahat”



11 February 2019

Dir. Juliet A. Jeruta
Director IV
Department of Education Regional Office VII
Sudlon, Lahug, Cebu City 6000

Dear **Dir. Jeruta**,


Department of Health (DOH) is committed to protect the population against serious and often fatal vaccine-preventable diseases, such as measles, through provision of free vaccines and vaccination. Since the last measles mass immunization (MI) in 2014 the country had a significant reduction in measles transmission in the following years. In the current measles outbreak, data from the Regional Epidemiology and Surveillance Unit (RESU), there were 102 measles cases reported in Central Visayas from 01 January to 02 February 2019. This 5,200% higher compared to the same period of last year with 2 cases with no death. Out of the 102 reported cases, 30 were laboratory-confirmed measles with a total of 2 deaths.

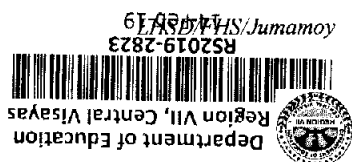
To immediately control the ongoing transmission and prevent a wider measles outbreak, the DOH will conduct **Mixed Method: Non-Selective and Selective Mass Measles and Polio Vaccination for Targeted Population from February to end of March 2019**. With this, we would like to request your good office to allow the health personnel to conduct vaccination in your respective schools in the region. Please see attached **Regional Advisory no. 07 s. 2019** for your reference and guidance.

For any inquiries, you may contact **Mr. Ruff Vincent I. Valdevieso**, EPI Nurse Coordinator at (032) 418 7633 or email at dohro7.nip@gmail.com.

We thank you and wish you more power.

Very truly yours,


Jaime S. Bernadas, MD, MGM, CESO III
Director IV





11 February 2019

Advisory no. 07 s. 2019

To: **ALL PROVINCIAL HEALTH OFFICERS, CITY HEALTH OFFICERS, MUNICIPAL HEALTH OFFICERS, CHIEF OF HOSPITALS AND OTHER CONCERNED UNITS AND AGENCIES**

SUBJECT: Conduct of Mixed Method: Non-Selective and Selective Mass Measles and Polio Vaccination for Targeted Population

Vaccination has been proven to be the most effective public health intervention. The Department of Health is committed to protect the population against serious and often fatal vaccine preventable diseases, such as measles, through provision of free vaccines and vaccination. Measles remains the leading cause of vaccine preventable mortality and morbidity among children. In the current measles outbreak, data from the Regional Epidemiology and Surveillance Unit (RESU), there were 102 measles cases reported in Central Visayas from 01 January to 02 February 2019. This is 5,200% higher compared to the same period of last year with 2 cases with no death. Out of the 102 reported cases, 30 were laboratory-confirmed measles with a total of 2 deaths.

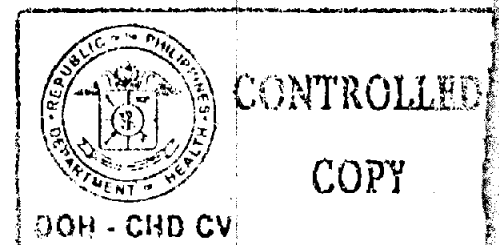
To control the ongoing outbreak and prevent a wider measles outbreak, to reduce the extent of disease spread and associated morbidity and mortality and ensure that virus transmission is interrupted as soon as possible, the DOH will conduct measles vaccination and Vitamin A supplementation from February to end of March 2019.

A. General Guidelines

Priority Targets

1. Non-selective Target Community-based house-to-house vaccination

- All children aged 6 months to 59 months old with no history of measles vaccination and shall be given one (1) dose of Measles-containing Vaccine (MCV) and Vitamin A supplement.
- All children aged 9 - 59 months with incomplete vaccination (1 dose only) shall be given one (1) dose of measles containing vaccine and Vitamin A supplement. Ensure at least 28 days interval from the previous dose.
- However, Children who already received at least two (2) doses of measles-containing vaccine shall NOT be vaccinated during this campaign.



- All children aged from birth to 59 months shall be given one (1) dose of Oral Polio Vaccine.

2. Selective Target School-Based in collaboration with Department of Education and Department of Social Welfare and Development

- All grade 1 to 6 pupils and pre-school unvaccinated or with incomplete vaccination shall be vaccinated with one (1) dose of MCV
- All pupils should present proof of vaccination status to prove that the child has completed at least 2 doses of MCV

3. Selective for all above Target Age Group

- All children and adolescents above target age group up to 15 years old with no history of measles vaccination whose parents want their child vaccinated, their child shall be given one (1) dose of MCV.
- All unvaccinated adults who want to be vaccinated shall be given one (1) dose of MCV.
- All women aged 9 years old to 49 years old should be screened prior vaccination. Do not vaccinate if pregnancy is suspected.

B. Strategies

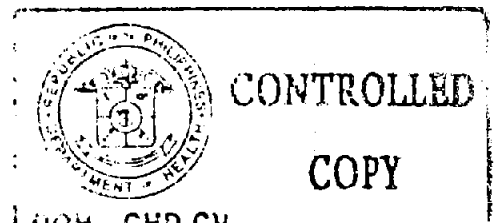
The following strategies shall be strictly implemented:

1. Analyze the measles immunization data in routine, Outbreak Response Immunization (ORI) and supplemental immunization activity (SIA) and prioritize health centers with high number of unvaccinated under-five children. Their catchment barangays will be given special attention;
2. Prioritize the barangays / districts with unvaccinated children in hard to reach or geographically isolated, urban poor and depressed areas;
3. Implement intra-campaign monitoring and supportive supervision at all levels to ensure that actual defaulters are reached by this campaign;
4. Conduct timely rapid coverage assessment and mop-up vaccination in areas where many children were found missed; and
5. Ensure that all health facilities will achieve 95% vaccination coverage of the eligible children targeted for this campaign to effectively halt the measles transmission.

C. Vaccine and Administration

Vaccine

1. Preparation



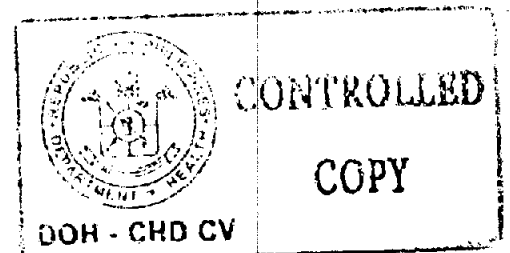
- Measles containing vaccine (Measles-Rubella [MR], Measles, Mumps and Rubella [MMR]) is a live attenuated virus vaccine pre-qualified by World Health Organization (WHO). Measles-Rubella (MR) vaccine comes in 10-dose vial and the Measles, Mumps, and Rubella (MMR) vaccine comes in 5-dose vial lyophilized powder requiring reconstitution with supplied diluent for subcutaneous injection.
- The bOPV is a live attenuated virus and is pre-qualified by WHO. The bOPV vaccine comes in a 10-dose and 5-dose vials.
- Both MR, MMR and Oral Polio Vaccines should be stored at +2 °C to +8 °C and should be maintained during storage, transport and throughout the immunization sessions.
- The diluents may be stored in the refrigerator with the vaccine or separately at room temperature. Do not freeze the diluents. If diluents are stored at room temperature, it should be cooled for at least 24 hours prior reconstitution.
- Excess unopened vaccines brought in outreach areas shall be marked with a check (✓) before returning to the refrigerator for storage. The check mark shall indicate the vaccine vial was out from the refrigerator. This shall be prioritized for use in the next immunization session.
- Protect the vaccine from the light at all times, since such exposure may inactivate the vaccine.

2. General Contraindications

- Severe hypersensitivity reactions to any vaccine component, including gelatin
- Anaphylactic or anaphylactoid reactions to neomycin
- Febrile respiratory illness or other febrile infection
- Patients receiving immunosuppressive or cancer treatment
- Individuals with blood dyscrasias, leukemia, lymphomas or other malignant neoplasms affecting the bone marrow or lymphatic system
- Primary and acquired immunodeficiency states
- Individual with a family history of congenital or hereditary immunodeficiency, until the immune competence is demonstrated
- Postpone vaccination if the child has moderate to severe illness (with temperature ≥ 38.5 °C).
- Known hypersensitivity (allergy) or anaphylaxis to a previous dose.

Administration

1. Measles-Containing Vaccine



- All priority targets shall be vaccinated with one (1) dose of measles containing vaccine (Measles, Rubella [MR] or Measles, Mumps and Rubella [MMR])
- All priority targets shall be vaccinated with the measles-containing vaccine, 0.5 ml, subcutaneous (SC), at the LEFT deltoid arm.

2. Oral Polio Vaccine

- All eligible infants and children aged from birth to 59 months old shall be vaccinated with one (1) dose of Oral Polio Vaccine.
- All eligible infants and children shall be vaccinated with bOPV as 2 drops directly into the mouth.

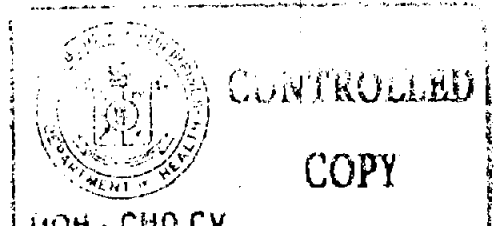
3. Vitamin A Supplement

- All eligible children aged 6 to 59 months shall be given with Vitamin A supplementation.
- All eligible children aged 6 to 11 months shall be given with Vitamin A dose of 100,000 IU.
- All eligible children aged 12 to 59 months shall be given with Vitamin A dose of 200,000 IU.

Vaccine Safety

Health workers must practice standard immunization safety to prevent adverse events following immunization (AEFIs) and transmission of blood-borne infections. Do not use vial with any sign of contamination or breakage.

- Always follow the recommended schedule and the correct dosage, site and route of vaccination
- Always check the status of vaccine vial monitor (VVM) and expiration date before opening a vaccine vial.
- Use only auto-disabled syringes in all immunization sessions
- Use of aspirating needles and pre-filling of syringes are strictly prohibited.
- Do not recap used needles.
- Immediately dispose used syringes and needles into the safety collector box.
- Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes.
- It is recommended that MCV be used as soon as possible after reconstitution. Opened and reconstituted MCV shall be discarded after six (6) hours from reconstitution or at the end of immunization session whichever comes first and following the recommended disposal of the biological wastes.



- The Oral Polio Vaccine once opened shall be used subsequently during immunization session (up to a maximum of 28 days) following the Multi-Dose Vial Policy set by WHO are met.
 - Multi Dose Vial Policy
 - The vaccines are stored under appropriate cold chain conditions
 - Aseptic technique has been used to withdraw all doses
 - The VVM, if attached has not reached its discard point
 - The expiry date has not passed
 - The vaccine vial septum has not been submerged in water.

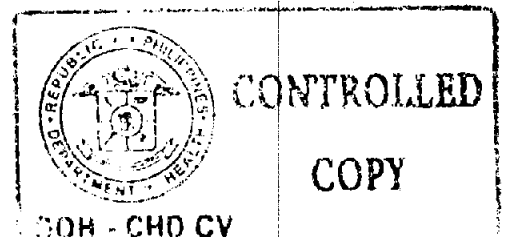
Vaccine Storage and Transport

- The DOH shall provide the measles containing vaccine (MCV), Oral Polio Vaccine (OPV) and Vitamin A Supplement to all provinces, cities and hospitals. The MCV and OPV shall be stored at +2 °C to +8 °C. This recommended temperature shall be maintained during storage, transport and immunization
- As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of vaccines occurs.

C. IMPLEMENTATION ARRANGEMENTS

1. Services

- Community-based and School-based
 - All Provincial/City/Municipal Health Officers shall be the overall team leader in each Health Office.
 - All Provincial/City/Municipal Health Officer shall assign dedicated teams to oversee and monitor the Intensified Measles Outbreak Immunization.
 - All Provincial/City/Municipal Health Offices shall coordinate with their respective Local Government Units (LGUs) to mobilize all available staff for this campaign.
 - All Provincial/City/Municipal Health Offices shall coordinate with their respective hospitals to mobilize their Public Health Units or Health Emergency Response Teams to provide assistance to LGUs in the immunization campaign.
 - All City/Municipal Health Offices shall mobilize hired Human Resource for Health under the Nurses' Deployment Program (NDP) and Rural Health Midwives Placement Program (RHMP) to provide assistance in the campaign.



- All Provincial/City Health Offices shall coordinate with all stakeholders (private and public) for needed assistance to this campaign.

- **Referral/Hospitals**

- DOH-Hospitals / Government-owned hospitals may conduct Hospital-Based Immunization following the General Guidelines: Priority Target no. 1 and 3. Private Hospitals may join in the immunization campaign in coordination with the CHDs.
- All hospital shall dedicate staff to handle their isolation room for measles patients and observe infection control practices.
- All hospitals shall establish measles fast lanes.
- All hospital admitting any measles and rubella suspected cases should be highly cautious regarding the potential spread of measles to other patients and staff. Provincial/City Health Offices shall immediately be informed of the admission of any suspect case.
- Strong hospital infection control including isolation of cases should be in place. Hospital staff are also encouraged to have their immunization status complete with measles containing vaccine.
- Hospitals will be provided with Measles Containing Vaccine so that 6 to 59 months old patients will be given MCV before discharge after screening their immunization status as stated above. The hospital staff may also opt to refer discharged patients with one dose of MCV to the patient's nearest health center.

2. Logistics

- All Provincial/City/Municipal Health Offices are tasked to submit baseline or stock level to the Central Visayas Center for Health Development (CV CHD) and make daily inventories of MCV and Vitamin A stocks, thereafter, submit report to CV CHD every Thursday of the week.
- All Provincial and City Health Offices are tasked to report and request from the CV CHD if their vaccine stocks reach 25% or less.
- All Municipal Health Offices and Component Cities are task to report and request from the Provincial Health Office if their vaccine stocks reach 25% or less.

3. Surveillance

- Strengthening measles surveillance and advocacy activities.
- Community Health Workers to conduct active case finding of all measles suspects.
- Prompt referral of suspected measles cases to the nearest health facility.



CONTROLLED

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DOH - CDO - CV

- A daily surveillance report shall be submitted by Provincial/City Health Offices to the Regional Epidemiology and Surveillance Unit.
- The Bureau of Quarantine (BOQ) shall continue screening incoming and outgoing travelers, and provide vaccination when needed.

4. Reporting

- Document the children who were unvaccinated and reasons for missing them using standard form (Form 1).
- Ensure weekly (Friday of the week) submission of coverage report using standard form (Form 2) to next higher level.

5. Communication and Advocacy

- All public facilities and health facilities shall be provided with all information materials.
- Wide dissemination of information is directed.
- Frequently asked questions (FAQs) shall be provided to health facilities and to respond to all queries.
- Active health education/information and promotion activities:
 - Benefits and Importance of:
 - Immunization
 - Hygiene
 - Early consultation
 - Risk of non-vaccination

6. Coordination

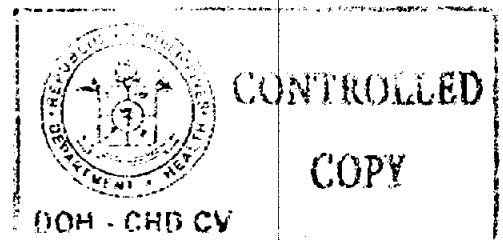
- Coordinate with all concerned partners

Furthermore, all 0 months to 59 months old children shall also be given bivalent Oral Polio Vaccine (bOPV) because the routine immunization coverage has been on a downward trend in the past 5 years. Since 2010, the Independent Monitoring Board (IMB) for the Global Polio Eradication Initiative identified the Philippines as one of the countries at high risk for polio outbreak.

For your reference and guidance.

Jaime S. Bernadas, MD, MGM, CESO III
Director IV

LHSD/FHS/Valdevieso





Republic of the Philippines
Department of Education

26 OCT 2017

DepEd MEMORANDUM
No. **173** s. 2017

INCLUSION OF HUMAN PAPILOMA VIRUS VACCINATION IN SCHOOL-BASED IMMUNIZATION PROGRAM

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Secretary DepEd, ARMM
Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd) supports the School-Based Immunization Program of the Department of Health (DOH) as the government's response to ensure prevention of morbidity and mortality of school age children due to vaccine-preventable diseases.
2. The School-Based Immunization Program is implemented through the provision of Measles *Rubella* (MR) and Tetanus Diphtheria (Td) vaccines to all Grades 1 and 7 learners nationwide. The vaccines are provided for free and the vaccination is conducted every August as a routine activity of the Program. DepEd Memorandum No. 128, s. 2016 entitled Implementation of School-Based Immunization Program, was issued for this purpose.
3. The DOH has introduced Human *Papilloma* Virus (HPV) vaccination in 2015 for girls with ages 9-10 years old in health facilities of priority provinces and cities. This School Year (SY) 2017-2018 onwards, the DOH, in collaboration with DepEd shall include HPV vaccination for female Grade 4 students ages 9-13 years old in all public schools as part of the School-Based Immunization Program.
4. The guidelines of the School-Based Immunization Program for the MR-Td given to Grades 1 and 7 are the same as those enclosed in DepEd Memorandum No. 82, s. 2015 entitled Guidelines on the Implementation of School-Based Immunization Program.
5. The guidelines for the inclusion of HPV vaccines in the School-Based Immunization Program is contained in the enclosure.
6. Regional directors (RDs), schools division superintendents (SDSs) and other school officials are enjoined to provide full support in the conduct of the said activity. Health personnel are expected to coordinate with DOH regional and provincial health offices for the implementation of the school-based immunization program. This activity shall be monitored by the DOH and by the DepEd central, regional and schools division offices.

7. Parental consent must be secured prior to the conduct of the vaccination.
8. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encl.:
As stated

References:
DepEd Memorandum: (Nos. 128, s. 2016; 82, s. 2015)

To be indicated in the Perpetual Index
under the following subjects:

HEALTH EDUCATION
OFFICIALS
PROGRAMS
SCHOOLS
STUDENTS

**IMPLEMENTING GUIDELINES ON THE
SCHOOL-BASED IMMUNIZATION PROGRAM**

I. TARGET COVERAGE

To immunize school children enrolled in Grade 1, Grade 4, and Grade 7 with the DOH recommended appropriate vaccines as specified:

- Grade 1 - Measles Containing Vaccine (MCV) and Tetanus-diphtheria (Td)
- Grade 4 - All 9 to 13 years old, female Human Papillomavirus vaccine
- Grade 7 - Measles-Rubella (MR) and Tetanus diphtheria (Td) vaccines

II. GENERAL GUIDELINES

1. All school children enrolled in Grade 1, Grade 4, and Grade 7 shall be vaccinated with appropriate vaccines as specified:

1.1 All eligible school children (male and female) should be:

a. Screened for their measles vaccination history at the time of school entry and vaccinated if evidences show zero or only 1 dose to ensure that these learners received at least 2 MCV by school entry. (Other missed antigens shall be administered, but optional).

b. Administered with one (1) dose of Tetanus-diphtheria (Td) vaccines.

1.2 All 9 to 13 years old, female school children enrolled in Grade 4 shall be vaccinated with 2-dose quadrivalent HPV following the DOH recommended immunization schedule.

1.3 All male and female students enrolled in Grade 7 regardless of age shall be vaccinated with one (1) dose each of Measles-Rubella (MR) and Td vaccines on the same immunization session.

2. School-based vaccination shall be a FREE routine service to be administered by the health center catchment and the school.

3. Only students with parental/guardian consent shall be vaccinated.

4. In case of zero or 1 dose or vaccination refusal, or no immunization card presented, the student shall not be suspended, grounded, nor reprimanded.

5. DOH shall provide the necessary vaccines and other immunization logistics (e.g., N/S, epinephrine, safety collector boxes, consent forms, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.
6. Department of Education (DepEd) shall determine the most appropriate timing of the immunization sessions for the schools, inform teachers/parents/students of the vaccination, provide support human resource for vaccination, and enjoin each eligible student to undergo vaccination and appropriately refer missed students for vaccination.
7. The Local Government Units (LGUs) health personnel (MDs, Nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals, and other partners within the catchment areas.

III. SPECIFIC GUIDELINES

a. Vaccination for Grade 1 Students by school entrance

- All Grade 1 clinic teachers/school nurses shall issue notification letter of health services to be received by the students including immunization upon enrollment.
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within 1 month after enrollment.
- Clinic teacher shall list all the enrolled students in Grade 1 using Recording Form 1 (Masterlist of Grade 1).
- The teacher-in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 to the RHU/MHO.
- Students with recorded 2 doses of MCV: DO NOT VACCINATE.
- Students with zero dose (0) of MCV or no immunization card: Give the 1st dose of MCV (0.5ml Subcutaneous, right deltoid), and another dose at least 1 month after.
- Student with only 1 dose of MCV: give the MCV dose.

- All students shall receive Td 0.5 ml, deep Intramuscular, left deltoid.
- Follow-up of Deferred Students for MR vaccines: Teacher-in-charge shall follow-up the deferred students for vaccination but willing to be vaccinated and refer to RHU/MHC for the MCV dose within 2 weeks after the scheduled vaccination in school vaccination in school or as appropriate.
- Students who will be referred and vaccinated at the RHU shall be accompanied by the School Nurse and shall be included in the consolidated accomplishment report of the RHU.
- All students who receive the MCV and Td vaccines shall be recorded in Recording Form 1.

b. Vaccination for Grade 4, Female, 9 -13 years old

- All 9-13 years old female students in Grade 4 with parental/guardian consent shall be vaccinated with 2-doses of the quadrivalent Human Papilloma Virus (HPV) vaccine in the designated immunization posts in all public schools.
- All students shall receive HPV 0.5 ml, Intramuscular, left deltoid arm.
- All students who received the first dose of HPV and shall be given the second dose after 6 months.
- All students who receive the HPV vaccine shall be recorded in Recording Form 2.

c. Vaccination for Grade 7 Students with Td and MR

- All males and females shall be vaccinated with both MR and Td vaccine in the designated immunization post and record in the Recording Form 3.

- Students with parental/guardian consent, to be vaccinated but were missed during the scheduled immunization should be followed-up and referred to the health center catchment for the needed vaccination.
- Health workers shall be sensitive in asking questions about history of sexual activities.
- Students who received the Td and MR vaccines, refused for vaccination shall be recorded in the Recording Form 3.
- All students shall receive the MR vaccine, 0.5 ml, subcutaneous, right -deltoid arm and the Td vaccine, 0.5 ml, intramuscular, left-deltoid arm.

d. Vaccine Storage and Transport

- DOH shall continuously provide the MR, HPV, and Td vaccines to all regions following the proper storage of the vaccines. MR, HPV, and Td vaccines shall be stored at +2°C to +8°C during immunization session.
- MR vaccine shall be discarded after 6 hours of reconstitution.
- Td vaccine follows the multi-dose vial policy. An open vial of Td vaccine may be used in subsequent sessions (28 days) after it has been opened provided the following conditions are met:
 - a. Expiry date has not passed;
 - b. Vaccines are stored under appropriate cold chain conditions;
 - c. Vaccine vial septum has not been submerged in water;
 - d. Aseptic technique has been used to withdraw all doses;
 - e. Vaccine Vial Monitor (VVM) is intact and has not reached the discard point
 - f. Date is indicated when the vial was opened.

e. Immunization Safety

Special precautions must be instituted to ensure that blood-borne diseases are not transferred to other persons. This shall include:

- Always use the auto-disable syringe (AD) in all immunization sessions.
- Do not pre-fill syringes.
- Do not recap needles.
- Dispose used syringes and needles into the safety collector box.
- Proper disposal of safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes.
- Use of aspirating needles and pre-filling of syringes are strictly prohibited.
- Used needles and syringes, empty vaccine vials, and used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes.

f. Recording and Reporting Accomplishment Reports

- For each level of vaccination schedule, an appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level.
- Flow of submission of Reports (please see attached annexes).
- Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office after 2 weeks.

g. Adverse Events Following Immunizations (AEFI)

- Fear of injections resulting to fainting has been commonly observed in school immunization. Thus it is recommended that the vaccination sites are situated in areas not conspicuous to the students. Immunization session shall be conducted after recess to ensure that these eligible students have taken their snacks/food to rule-out fainting secondary to hypoglycemia.
- The schools shall identify a medical team responsible for management and response of any AEFI. This can be coordinated with the local health unit, with the province/city/municipality for the schedule of the immunization in schools.
- The existing DOH guidelines in AEFI investigation, recording and reporting shall be used for this purpose.
- Anaphylaxis Response Kit: The availability of protocols, equipment, and drugs necessary for the management of anaphylaxis should be checked before each vaccination session. An anaphylaxis response kit should be on hand at all times and should contain the following:
 - > Epinephrine 1:1000 (minimum of three ampules – check expiry dates)
 - > Minimum of three 1 mL syringes and 25 mm length needles (for intramuscular [IM] injection)
 - > Cotton swabs
 - > Pen and paper to record time of administration of epinephrine
 - > Copy of epinephrine doses
 - > Copy of Recognition and treatment of anaphylaxis

- Give epinephrine as indicated:

Drug, Site and route of administration	Frequency of administration	Dose (Adult)	Dose (child)
Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the middle 3rd of the thigh immediately	Repeat in every 5-15 min as needed until there is resolution of the anaphylaxis <i>Note: Persisting or worsening cough associated w/ pulmonary edema is an important sign of epinephrine overdose & toxicity</i>	0.5 ml	According to age; < 1 year: 0.05 ml 2-6 years: 0.15 mL 6-12 years: 0.3 mL Children >12 years: 0.5 ml

*Note: The needle used for injection needs to be sufficiently long to ensure that epinephrine is injected into muscle. This treatment guide is optional & countries may practice their own country-specific protocols for treatment of anaphylaxis with drugs of choice, steps to be followed, etc.

- If the patient is conscious after the epinephrine is given, place the head lower than the feet and keep the patient warm.
 - Give oxygen by facemask, if available
 - Transfer the patient to nearby hospital for further management, but never leave the patient alone. If there is no improvement in the patient's condition within 5 minutes, repeat giving a dose of epinephrine (maximum of 3 doses). Recovery from an anaphylactic shock is usually rapid after epinephrine.
- The proportions of reaction occurrence with the vaccines are indicated in Annex.

IV. ROLES AND FUNCTIONS

To successfully implement this school-based vaccination, the following critical roles and functions of each agency and partners shall be identified:

1. **Department of Health (DOH):** The national DOH and the collaborating Bureaus or Units are tasked on the following:

DOH shall provide the necessary vaccines and other immunization logistics (e.g., N/S, epinephrine, safety collector boxes, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.

- a. **Disease Prevention and Control Bureau (DPCB)** shall develop the guidelines, policies, and standards for school-based immunization in collaboration with the DepEd, procure the recommended vaccines and corresponding immunization logistics, monitor and evaluate the vaccination, coordinate with key partners and other stakeholders and report to the Secretary of Health as needed.
 - b. **Epidemiology Bureau** shall review/revise and incorporate the official recording and reporting forms/tools to include the school-based immunization targets, collect all the accomplishment reports and AEFIs and submit to DPCB and to the Secretary of Health as needed.
 - c. **Health Promotion Unit** shall develop the advocacy, communication plans and IEC materials for replication by the regional health offices.
 - d. **Bureau of Local Health Development** shall ensure the preparedness and acceptance of the various local government units towards the school vaccinations.
 - e. **Regional Health Offices** shall be responsible for monitoring the school-based immunization at the different public schools. The Regional Offices shall ensure that health worker at the local level have been oriented about the school-based immunization.
2. **Department of Education (DepEd)** shall assist in and facilitate the implementation of the immunization in school, issue memorandum about the activity, inform students/parents/teachers/school clinic

staff, screen students at school entry, submit reports to the local health units.

- 3. Department of Interior and Local Government (DILG)** shall issue a memorandum to all the local chief executive for their active participation to the activity including the organization of the vaccination teams for deployment to school and completion of the activity and ensure high immunization coverage per grade level.
- 4. The Local Government Units (LGUs)** health personnel (MDs, Nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals, and other partners within the catchment areas
- 5. Parents-Teachers Association:** Members of the association shall be oriented and raise awareness in the guidelines for school-based immunization.
- 6. Private Sector/Professional Organization:** All health professionals shall ensure that every child/student received the appropriate vaccines and other child health interventions. They shall submit the number of children/student immunized in the private clinics and health facilities to the nearest government health centers.

In the event that a national organization convention coincides with the conduct of the national school-based immunization, the members shall be responsible to ensure that all the students shall be provided with the needed intervention.

FLOW AND SUBMISSION OF REPORTS

Levels of Implementation	Type of report	Responsible Person	To be Submitted to	Schedule of Report
School	Recording Form 1: Masterlist of Grade 1 Students	Teacher/ School Nurse	Midwife	Weekly
	Recording Form 2: Masterlist of Grade 4 Students			
	Recording Form 3: Masterlist of Grade 4 Students			
RHU	Consolidated Accomplishment report by Schools per Municipalities	RHU Midwife	Provincial/City Adolescent Coordinator	Weekly
PHO/CHO	Consolidated Accomplishment report by Municipalities	Provincial/City Adolescent Coordinator	Regional Adolescent Coordinator	Weekly
RHO	Consolidated Accomplishment report by Prov/City	Regional Adolescent Coordinator	National Adolescent Coordinator	After 2 weeks