



Department of Education
Region VII, Central Visayas
DIVISION OF CITY SCHOOLS-TAGBILARAN
City of Tagbilaran



July 2, 2019

DIVISION MEMORANDUM
No. 770 s. 2019

**GUIDELINES ON THE CONTINUATION OF MEASLES OUTBREAK RESPONSE
IMMUNIZATION (MORI) AND IMPLEMENTATION OF SCHOOL-BASED
IMMUNIZATION (SBI) FOR 2019**

To : Public Elementary and Secondary School Heads
All others concerned

1. For the information and guidance of all concerned, attached is the Regional Memorandum 0338, s. 2019 entitled, " Guidelines on the Continuation of Measles Outbreak Response Immunization and Implementation of School-Based Immunization for 2019", dated June 26, 2019.
2. The Department of Health in collaboration with the Department of Education, Department of the Interior and Local Government will conduct the School-Based Immunization in the months of August and September.. Grade 1 to Grade 7 will be immunized with Tetanus-diphtheria and Measles Containing Vaccine and Grade 4 female students ages 9-14 years old with Human Papillomavirus.
3. Herewith, the general and specific immunization guidelines and the prescribed recording form from DOH are attached.
2. For details please refer to the attached communication.
3. Immediate dissemination of this Memorandum is desired.


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



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



REGIONAL MEMORANDUM
No. 0338, s. 2019

TO : SCHOOLS DIVISION SUPERINTENDENTS
SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : *Juliet A. Jeruta*
JULIET A. JERUTA, Ph.D., CESO IV
Director IV

SUBJECT : GUIDELINES ON THE CONTINUATION OF MEASLES OUTBREAK
RESPONSE IMMUNIZATION (MORI) AND IMPLEMENTATION
OF SCHOOL-BASED IMMUNIZATION (SBI) FOR 2019

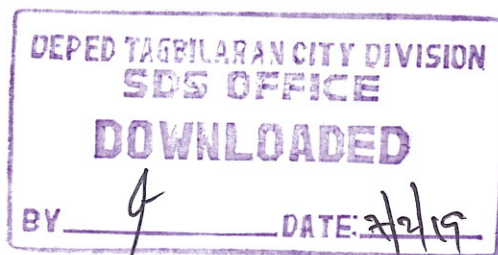
DATE : June 26, 2019

1. 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 disease, such as, measles, through provision of free vaccines and vaccination. Measles remains the leading cause of vaccine preventable mortality and morbidity among children. Measles Outbreak Response Immunization (MORI) has been conducted in Central Visayas with the priority targets who are not vaccinated: 1.) 6-59 months old children 2.) Grade 1- Grade 6 and Pre-School children and 3.) other age groups.
2. Furthermore, the Department of Health (DOH) in collaboration with the Department of Education (DepEd), Department of the Interior and Local Government (DILG) will conduct the School-Based Immunization (SBI) in the months of August and September. This will be done in order to immunize Grade 1 and Grade 7 with Tetanus-diphtheria (Td) and Measles Containing Vaccine (MCV) and Grade 4 female students ages 9-14 years old with Human Papillomavirus (HPV).
3. School Year 2019-2020 has started, vaccination of unimmunized/incompletely immunized Grade 1 to Grade 7 and Pre-school learners is necessary and must be given priority before the school-year ends.
4. In this regard, it is recommended by this office to prioritize and to intensify the continuation of MORI and SBI to all Grade 1 – Grade 7 and Pre-school learners who are unvaccinated or with incomplete vaccination.
5. Herewith are the general and specific immunization guidelines and the prescribed recording forms from DOH to be used and filed-up before the conduct of the immunization.
6. For your information and compliance to this memorandum is highly desired.

14/03/2019

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”



GENERAL GUIDELINES

1. All school children enrolled in Pre-School and Grade 1 to 7 shall be vaccinated with appropriate vaccines as specified:
 - 1.1 All male and female school children enrolled in Pre-School and Grade 1 to Grade 7 shall be screened for their measles immunization history. If the child received zero (0) dose of Measles Containing Vaccine (MCV), give two (2) doses of MCV one (1) month apart. If the child received one (1) dose of MCV, give one dose of MCV.
 - 1.2 All male and female school children enrolled in Grade 1 and Grade 7 only shall be vaccinated with one dose of Tetanus-diphtheria (Td) vaccines.
 - 1.3 All 9 to 14 years old, female school children enrolled in Grade 4 shall be vaccinated with 2 doses quadrivalent HPV six (6) months apart.
2. School-based vaccination shall be a FREE routine service to be administered by the health catchment and the schools.
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

SPECIFIC GUIDELINES

a) Vaccination for Pre-School and Grade 1 to Grade 7 students

- All clinic teachers/school nurses shall issue notification letter of health services to be received by the students
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within one (1) month after enrolment.
- Clinic teacher shall list all the enrolled students in Pre-School and Grade 1 to Grade 7 (except Grade 4) using Recording Form 1 and Grade 4 using Recording form 2.
- The teacher in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 and 2 to the Rural Health Unit (RHU) / Municipal Health Office (MHO) / City Health Office (CHO).
- Students with recorded 2 doses of MCV: **DO NOT VACCINATE**
- Students with zero (0) dose of MCV or no immunization card: Give the 1st dose of MCV (0.5 ml subcutaneous, right deltoid), and 2nd dose at least 1 month after.
- Students with recorded only one (1) dose of MCV: **give the MCV dose**
- All male and female school children enrolled in Grade 1 and Grade 7 **ONLY shall receive Td** (0.5 ml, deep Intramuscular, Left Deltoid).
- Follow-up of deferred students for MCV: 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 or as appropriate.

- Students who will be referred and vaccinated at the RHU shall be accompanied by school Nurse and shall be included in the consolidated accomplishment report of the RHU/MHO/CHO.
- Health workers shall be sensitive in asking questions about history of sexual activities.
- All students whose parents refused to give consent for vaccination will be referred to their respective Local Government Units for appropriate action to convince the parents to allow their children to be vaccinated.
- All students who receive the MCV and Td vaccines shall be recorded in the Recording Form 1 and 2.

b) Vaccination for Grade 4, Female, 9 to 14 years old

- All 9 to 14 years old female students in Grade 4 with parental/guardian consent shall be vaccinated with two (2) doses of the quadrivalent Human Papillomavirus (HPV) vaccine in the designated immunization post in all public schools.
- All students shall receive HPV vaccine 0.5 ml. Intramuscular. Left Deltoid arm.
- All students who received the first (1st) dose of HPV and shall be given the second (2nd) dose after 6 months.
- All students who received the HPV vaccine shall be recorded in Recording Form 2.

c) Vaccine Storage and Transport

- DOH should continuously provide the MCV, HPV and Td vaccines to all Provincial Health Offices (PHOs) and City Health Offices (CHOs) of Highly Urbanized Cities (HUCs) following the proper storage of the vaccines. MCV, HPV and Td vaccines shall be stored at -2°C to $+8^{\circ}\text{C}$ during immunization session
- MCV 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 the 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.

d) Immunization Safety

Safety 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 in the safety collector boxes.
- 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, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes

c) Recording and Reporting of Accomplishment Report

- 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)

d) Adverse Event 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 in this case.
- 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	Repeat in every 5-15 minutes as needed until there is resolution	0.5 ml	According to age: < 1 year: 0.05 ml

of the anterolateral aspect of the middle 3 rd of the thigh immediately	of the anaphylaxis Note: Persisting or worsening cough associated with pulmonary edema is an important sign of epinephrine overdose and toxicity	2-6 years: 0.15 ml 6-12 years: 0.3 ml Children >12 years: 0.5 ml
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* 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 and 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 administration.

ROLES AND FUNCTIONS

To successfully implement the 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. needles and syringes, 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 Deptd. 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 Center for Health Development offices.
- d. **Bureau of Local Health Development** shall ensure the preparedness and acceptance of the various local government units towards the school vaccinations.
- e. **Center for Health Development (CHD)** shall be responsible for monitoring the school-based immunization at the different public schools. The CHD shall ensure that health workers at the local level have been oriented on the guidelines on SBI.

2. Department of Education (DepEd) shall assist and facilitate for the implementation of the immunization in school. issue memorandum, about the activity, inform students/parents/teachers/school clinic staff, provide the masterlist of eligible children screen students at school entry, submit reports to the local health units.
 - a. Health and Nutrition Bureau shall ensure the complete vaccination status of all children entering primary school. It shall also ensure that mothers of all children with incomplete immunization shall be informed of the immunization program being provided by the government. It shall identify and report any case of suspected vaccine-preventable disease, which has met the standard case definitions to the concerned local health units. It shall annually monitor the school entry lists to ensure compliance by all schools and submit annual reports of school compliance to DOH
3. Department of the Interior and Local Government (DILG) shall issue a memorandum to all the local chief executives 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 (doctors, nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals and other partners within the catchment areas
5. Parents-Teacher Association: Members of the association shall be oriented on the guidelines and raise awareness on school-based immunization.
6. Private Sector/Professional Organization: All health professionals shall ensure that every child/student receives 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 students shall be provided with the needed interventions.

Private schools can access the vaccines and other logistics provided and subsequently submit accomplishment reports to health facility/Provincial Health office vaccines are taken.

For your reference and guidance.

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

**School-Based Immunization
RECORDING Form 1: Masterlist of Students
Masterlist of Kinder 1 to Grade 7 (Excp: 1st Grade 4)**

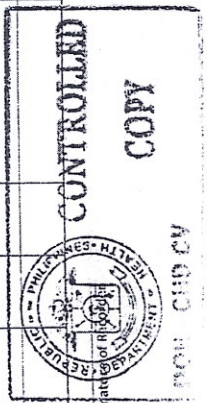
To be filled up by the Vaccination Team
 WRT _____
 Lot No: _____
 Batch No: _____
 Td _____
 Lot No: _____
 Batch No: _____

Name of School: _____
 Division: _____ Section: _____
 Date: _____
 City/Municipality: _____

No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Date of previous MCV received		Parents' Response Slip	History of allergies (food, meds, previous immunization MCV/Td)	Sick today? (fever)	Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y / N)	Date Vaccine Given		Deferred	Refusal	Reasons for Refusal	
						Zero dose	MCV 1						MCV 2	MCV 1				MCV 2 (for Grade 1 and 7 only)
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2																		
3																		
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15																		

To be filled up by the School Nurse/Class Adviser

Name and Signature of Supervisor _____
 Name and Signature of Vaccinator 1 _____
 Name and Signature of Vaccinator 2 _____



*MCV - Measles Containing Vaccine (Anti-measles Vaccine (MMV), Measles-Rubella (MR), Measles, Mumps, Rubella (MMR))
 †Td - Tetanus, diphtheria

**School-based Immunization
RECORDING Form 2: Masterlist of Grade 4 Students**

To be filled up by the Vaccination Team
 WK
 Lot No: _____
 Batch No: _____
 Td
 Lot No: _____
 Batch No: _____

Region: _____ Name of School: _____
 Province/City: _____ Division: _____ Grade: _____ Section: _____
 District/Municipality: _____ Date: _____

No.	Name (1)	Complete Address (2)	Date of birth MM/DD/YY	Age	Sex	Date of previous MCV received			Parents' Response Slip	History of allergies (food, meds, previous immunization MCV/Td)	Sick today? (fever)	Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y/N)	Date Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Zero dose	MCV 1	MCV 2						MCV 1	MCV 2			
1																		
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Name and Signature of Supervisor _____
 *MCV - Measles Containing Vaccine (Anti-measles Vaccine [AMV], Measles, Mumps, Rubella [MMR])
 *HPV - Human Papillomavirus Vaccine

Name and Signature of Vaccinator 2 _____

Name and Signature of Vaccinator 1 _____



