



Republic of the Philippines
Department of Education
 REGION XI
SCHOOLS DIVISION OF DAVAO DE ORO

2024-09-25-0802
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DAVAO DE ORO
 RECORDS SECTION
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Office of the Schools Division
 Superintendent

September 19, 2024


Division Memorandum

No. 816, s. 2024

To: Assistant Schools Division Superintendent
 Public Schools District Supervisor
 District Coordinating Principal
 Health and Nutrition Personnel
 All Others Concerned

Subject: **SCHOOL-BASED IMMUNIZATION PROGRAM**

1. Attached is a memorandum from the office of the Regional Director dated September 9, 2024 regarding the interim guidelines on the resumption of School-Based Immunization Program after Covid-19 Pandemic.
2. With this, School heads are enjoined to actively support the upcoming immunization activities, which will begin in the second week of October and continue for one month, including a mop-up phase.
3. School health personnel are expected to facilitate these activities and closely coordinate with their respective LGU, Municipal Health Officers, Rural Health personnel and school officials throughout the entire process.
4. Herewith are the Division of Davao de Oro Operating Guidelines for conducting the School-Based Immunization program.
5. Immediate and wide dissemination of this Memorandum is desired.


PHOEBE GAY L. REFAMONTE, CESO VI
 Assistant Schools Division Superintendent
 Officer-In-Charge
 Office of the Schools Division Superintendent



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Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DE ORO

OPERATIONAL GUIDELINES FOR SBI IN SCHOOLS IN DAVAO DE ORO

I. Background

- a. The School-Based Immunization (SBI) Program is a collaborative initiative involving the Department of Health (DOH), the Department of Education (DepEd), and the Department of Interior and Local Government (DILG). This program aims to provide essential vaccinations to school-aged children to protect them against various contagious diseases. In Davao de Oro, as part of this program, learners will receive specific vaccines based on their grade levels.
- b. Vaccines Administered:
 - i. Td Vaccine (Tetanus-Diphtheria):
 1. This vaccine is administered to Grade I pupils and Grade VII learners. The Td vaccine protects against two serious bacterial diseases: tetanus, which can cause muscle stiffness and spasms, and diphtheria, which can lead to severe respiratory issues.
 - ii. MR Vaccine (Measles-Rubella):
 1. The MR vaccine is specifically given to Grade I and Grade VII learners. It provides protection against measles and rubella, both of which are highly contagious viral infections that can have severe health consequences.
 - iii. HPV Vaccine (Human Papillomavirus):
 1. It is generally recommended for Grade IV learners. The HPV vaccine helps prevent certain types of cancers caused by human papillomavirus infections especially cervical cancer.
- c. The SBI program's implementation occurs during designated months, such as October for vaccination activities for SY 2024-2025. The orientation conducted by DOH, DepEd, and DILG focuses on raising awareness about the benefits of vaccination among stakeholders at the grassroots level. The goal is to achieve 95 percent vaccination coverage among eligible learners.
- d. Importance of Vaccination: Vaccination through programs like SBI plays a critical role in public health by preventing outbreaks of infectious diseases within schools and communities. By ensuring that children are vaccinated at appropriate ages, morbidity and mortality rates associated with these diseases can be significantly reduced.





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II. General Guidelines

- a. The vaccination protocols in handling the vaccines, vaccination process, coordination process, acquisition of form and reporting shall be based on the DOH Department Memorandum No. 2024-0250.
- b. Learners with fever, respiratory tract infection or rashes are advised to be vaccinated on another schedule time and once symptoms resolved.
- c. General contraindication includes: known allergy to the Td, MR or HPV.
- d. The vaccination shall only be conducted during a Friday. No disruption of classes shall be upheld at all times.

III. Specific guidelines

- a. Pre-vaccination phase
 - i. The HNS shall seek the approval of the conduct of SBI from the office of the SDS.
 - ii. Coordination and orientation of HNS with the PHO or CHO shall be done prior the start of the vaccination.
 - iii. Coordination of the HNS with the MHO for the planning shall be instituted.
 - iv. The HNS shall conduct a meeting and capacity building with the School Heads and PSDS regarding the SBI. The HNS/MHO shall provide IEC materials to the School Heads.
 - v. The school shall provide the master list of Grade 1, Grade 4, and Grade 7 learners to the district Nurse.
 - vi. The district nurse shall forward the master list to the MHO.
 - vii. The school shall formulate a vaccination working group which will consist of the following:
 1. School Head
 2. Adviser
 3. Health personnel from CHO or MHO (vaccinator, recorder, health counselor)
 - viii. The School Heads/MHO personnel shall conduct health teaching during PTA meeting. Distribution of the consent form shall be done during the said meeting.
 - ix. The district nurse shall coordinate with the MHO for the scheduling of the conduct of SBI in schools.
 - x. The district nurse/school head shall set the vaccination area prior to the said vaccination schedule. (Please see section V)
 1. The following equipment shall be present:
 - a. Thermometer
 - b. BP apparatus with age appropriate cuff





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- c. Pulse oximeter
 - d. Nebulizer
 - e. Salbutamol nebule
 - f. Epinephrine 1:1000
 - g. 1 cc syringe
 - h. Paracetamol 500 mg/tab
 - i. Paracetamol 250mg/5ml
 - j. Cetirizine 10 mg/tab
 - k. Cetirizine 1mg/ml or 5mg/ml
 - l. AEFI forms
 - m. Home instruction with trunk line in case of AEFI (see Annex A)
- xi. The district nurse with the MHO personnel, school head, and adviser shall conduct a walk-through process a day prior the conduct of the vaccination.
- b. Vaccination Phase
- i. The school nurse/school head shall inform the adviser of the schedule.
 - ii. Vaccination schedule shall be conducted per section to avoid crowding.
 - iii. Health teaching shall be done in the waiting area.
 - iv. The trained health personnel shall be responsible to conduct initial screening.
 1. Any sick learners as stipulated in the general guidelines shall be deferred and will be rescheduled.
 2. Last menstrual period shall be inquired to all female recipients of vaccines.
 3. Any learners with previous history of allergy to the said vaccines shall be deferred or refer to an allergologist (see Annex B).
 - v. Vaccination shall be performed by the trained MHO personnel.
- c. Post vaccination phase
- i. The learners shall be monitored for any AEFI for 15 minutes prior discharge.
 - ii. The learners shall be given with home instruction with trunk line prior discharge.
 - iii. The adviser shall monitor the learners for the remainder of the school hours and shall endorse the learners to their parents after school hours.
- d. AEFI reporting
- i. The parents/adviser shall contact through the trunk line.





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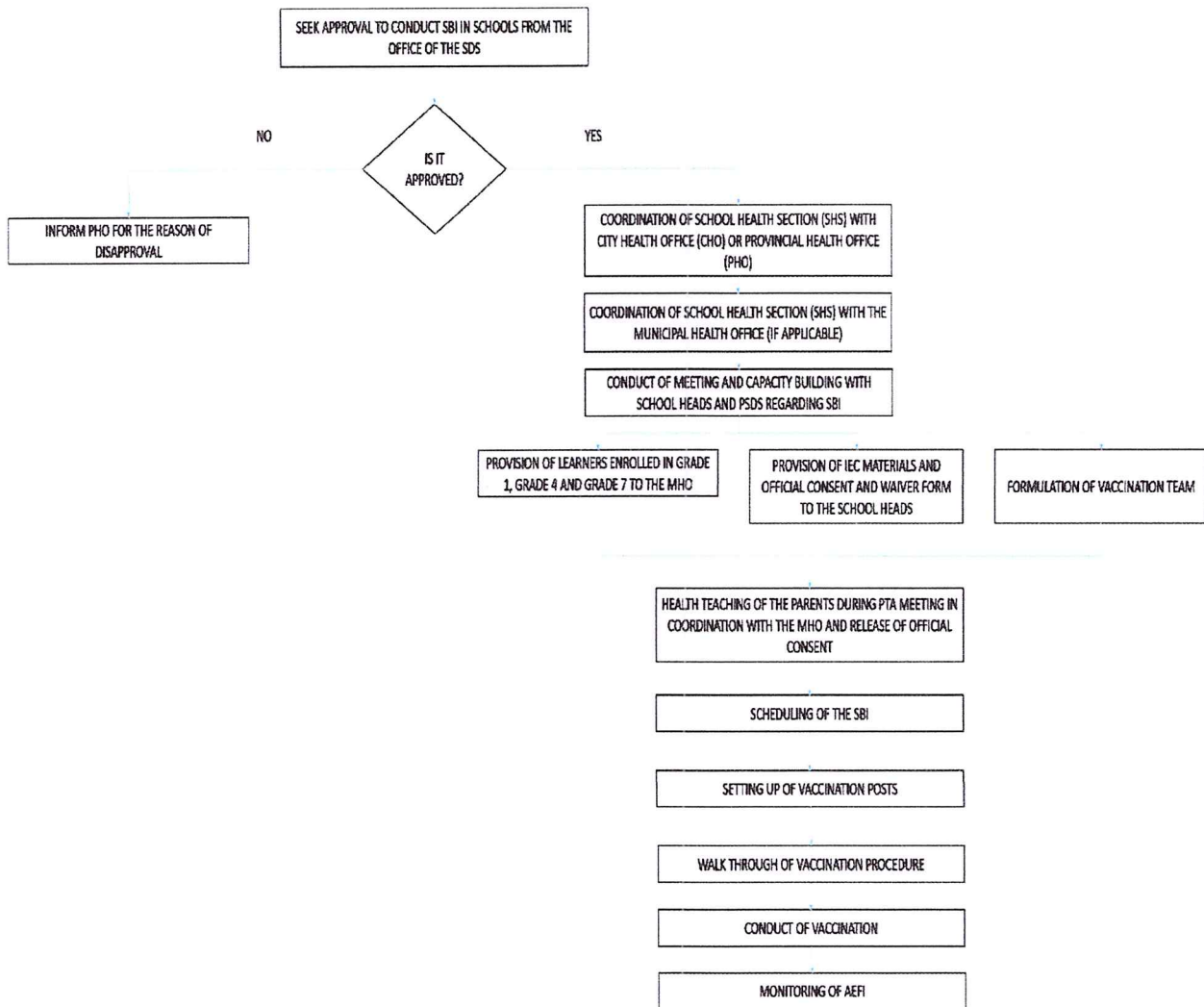
- ii. The division NOD/SBI Focal shall retrieve the details as stipulated in case investigation form (see Annex C).
- iii. The division NOD/SBI Focal shall inform the district nurse and forward the CIF.
- iv. The district nurse with the adviser shall investigate/visit the concerned learner.
- v. The district nurse shall triage or refer the case to the division MO or higher institution.
- vi. The district nurse shall endorse the case to the MHO with the CIF.





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IV. Flowchart

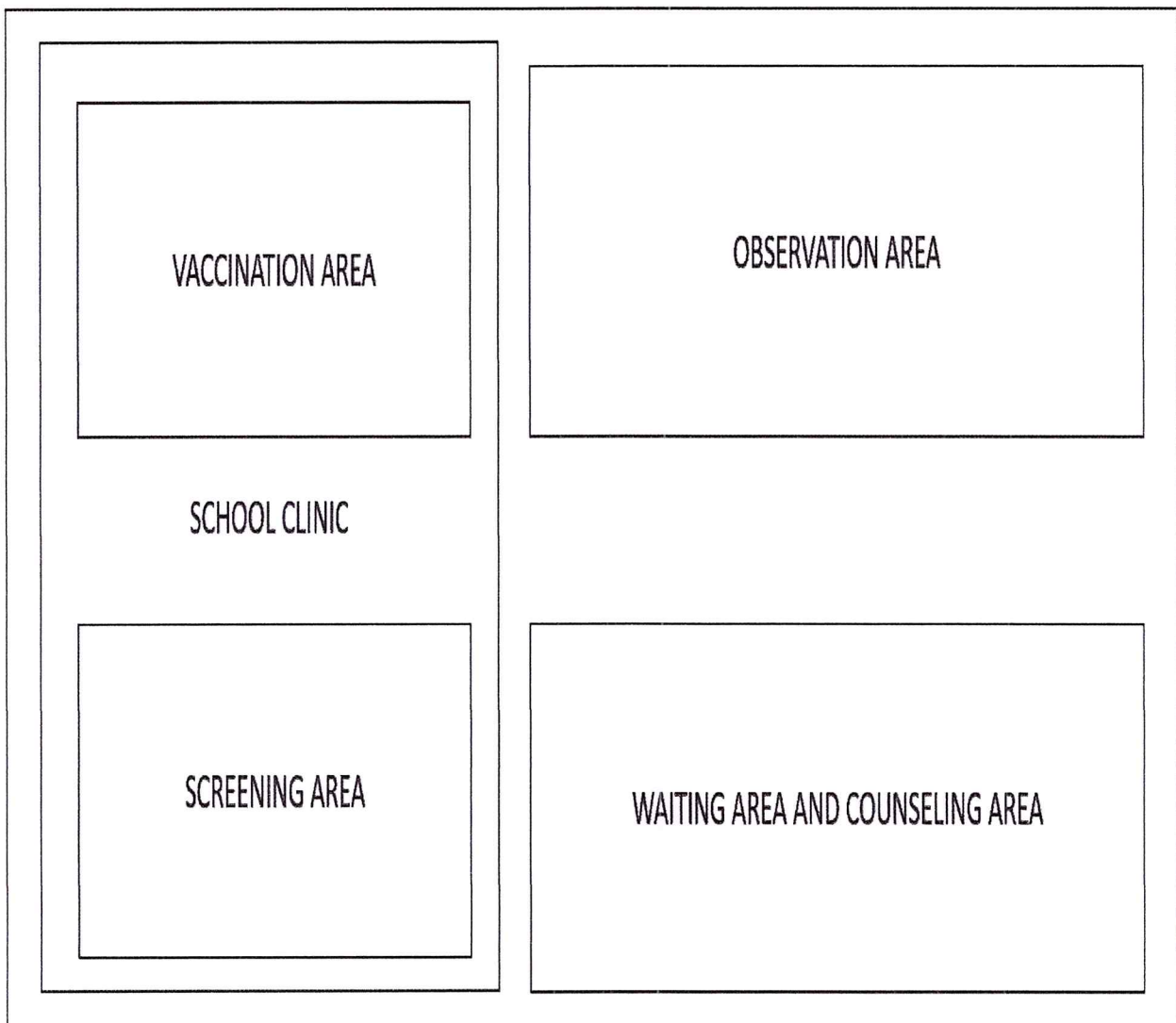




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V. Vaccination Set-up

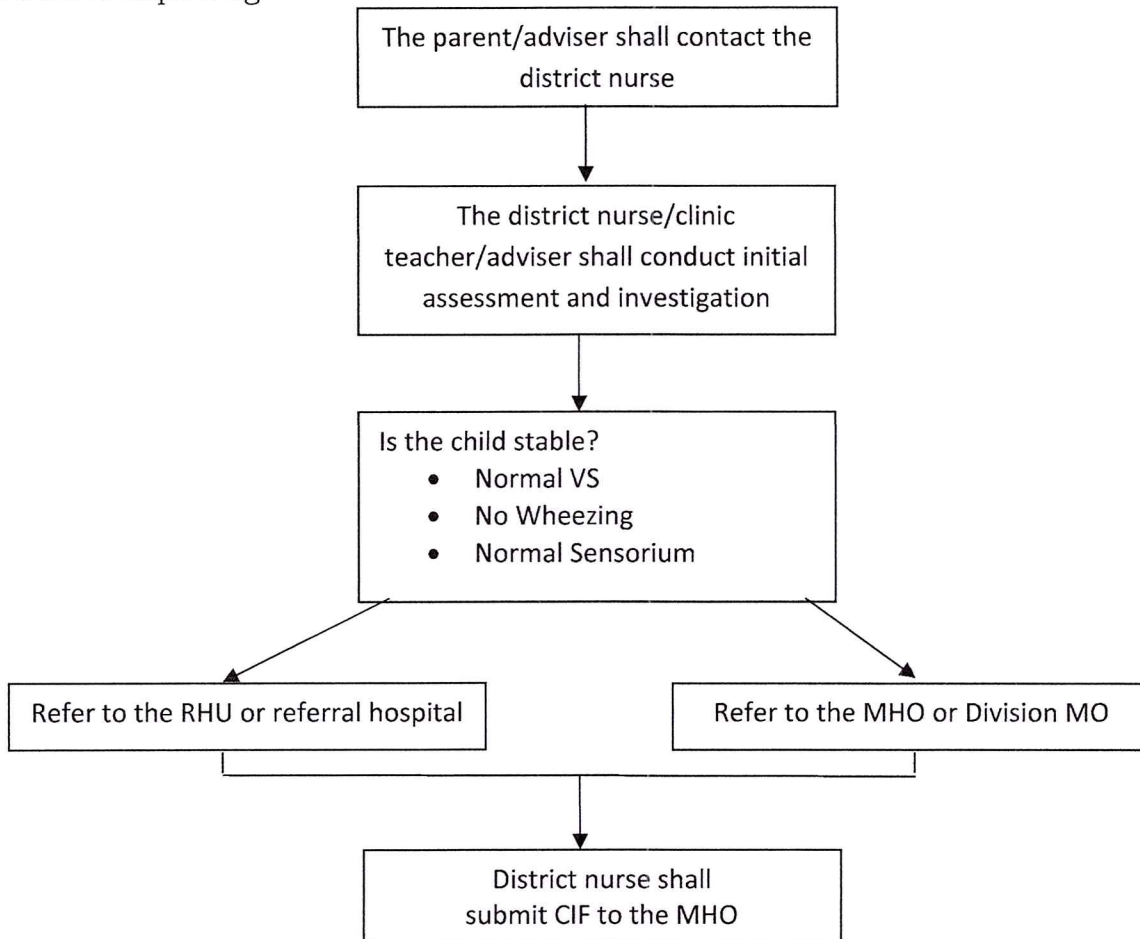
PREFERRED SET-UP OF VACCINATION POST





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VI. AEFI Reporting





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- VII. Diagnosis of anaphylactic reaction
- a. ASCIA defines anaphylaxis as:
 - i. Any acute onset illness with typical skin features (urticarial rash or erythema/flushing, and/or angioedema), **plus** involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms; or
 - ii. Any acute onset of **hypotension or bronchospasm or upper airway obstruction** where anaphylaxis is considered possible, even if typical skin features are not present.
 - b. Criteria for diagnosis: (see Annex D)
 - i. **Anaphylaxis is highly likely when any one of the following two criteria are fulfilled:**
 1. **Criteria 1.**
 - a. Acute onset of an illness (minutes to several hours) with simultaneous involvement of the skin, mucosal tissue, or both (e.g. generalized hives, pruritus or flushing, swollen lips-tongue-uvula), and at least one of the following:
 - i. Respiratory compromise (e.g. dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow, hypoxemia).
 - ii. Reduced blood pressure or associated symptoms of end-organ dysfunction (e.g. hypotonia [collapse], syncope, incontinence).
 - iii. Severe gastrointestinal symptoms (e.g. severe crampy abdominal pain, repetitive vomiting), especially after exposure to non-food allergens.
 2. **Criteria 2.**
 - a. Acute onset of hypotension or bronchospasm or laryngeal involvement after exposure to a known or highly probable allergen for that patient (minutes to several hours), even in the absence of typical skin involvement.





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Annex A

Name: _____ Age: _____ Sex: [] Male [] Female
Address: _____

Weight:	Lot No.:	
Mfg date:	Batch No.:	
Vaccinator:	Date administered:	
Vaccine given:		

Health instruction:

- What is normal after vaccination?
 - After an older child or an adult gets a vaccine, they may experience some mild and temporary side effects:
 - headache and tiredness for a day or two
 - slightly red, itchy or sore arm for a day or two
 - a small lump at the injection site. This may last for a few weeks. This usually does not require any treatment.
- What you can do to help
 - If allowed, they can have paracetamol or ibuprofen if their arm is sore. Follow the directions on the packaging.
 - If the injection site is red and warm to touch, you can put a cool wet cloth (not an ice pack) on their arm.
 - It really helps to keep moving the arm after an immunization so they can still play sport that day.
 - It is ok to have a shower after an immunization.
 - They should keep drinking plenty of oral fluids, preferably water.
- When to see a conduct the trunk line?
 - paracetamol or ibuprofen is not relieving the fever, particularly for babies and infants
 - episodes with vomiting or blood in the bowel
 - symptoms are not improving or getting worse.

In case of fever:

- [] Paracetamol 250mg/5ml:
 - [] 6-8 yo: one 5 ml (1 spoonful) every 4 hours
 - [] 8-10 yo: 7.5 ml (1 ½ spoonful) every 4 hours
- [] Paracetamol 500 mg/tab
 - [] >10 yo: 1 tablet every 4 hours for fever

Given by: _____





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Annex B

SHD Form 3A

Republic of the Philippines
DEPARTMENT OF EDUCATION
Region _____
Division of _____

School Name/ID

MEDICAL REFERRAL FORM

To _____ Date _____
(Agency)

Address _____

This is to refer to you:

Name: _____ Age: _____ Sex: _____

Address/School: _____ Grade: _____

Chief Complaint: _____

Impression: _____

Remarks: _____

Name and Signature

Designation

Note: To be detached from upper portion and sent back to the school.

Name of Institution

Medical Treatment Return Slip

Returned to _____

Name of Patient _____ Date Referred _____

Chief Complaint _____

Findings _____

Action/Recommendations _____

Date

Name & Signature

Designation





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AEFI Case Investigation Form

IV. EXAMINATION** DETAILS						
Source of Information <input type="checkbox"/> Attending physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____ Mode of examination <input type="checkbox"/> Interview <input type="checkbox"/> Medical records <input type="checkbox"/> Physical Examination <input type="checkbox"/> Verbal autopsy <input type="checkbox"/> Laboratory Result <input type="checkbox"/> Other _____ If from Verbal autopsy, please mention the source: _____						
Name & Designation of person who first examined the patient:	Date & time:					
Signs & Symptoms in Chronological Order: **Instructions – Attach copies of ALL available documents (including case sheet, discharge summary, case notes, lab and autopsy reports) and then complete additional information NOT AVAILABLE in existing documents. If patient has taken medical care – <u>Attach copies of all available documents</u> including case sheet, discharge summary, laboratory reports and post mortem reports - if available/ <u>and write only information unavailable in the attached documents below.</u> If patient has not taken medical care – examine the patient and write down your findings below (use additional sheets if necessary)						
Working/Final Diagnosis:						
Condition at Investigation: <input type="checkbox"/> Alive <input type="checkbox"/> Recovering <input type="checkbox"/> Fully recovered <input type="checkbox"/> With Permanent Disability. Specify: _____ <input type="checkbox"/> Died. Date: _____						
V. Relevant patient information prior to immunization	YES/NO					
Remarks						
History of allergy						
Pre-existing illness / congenital disorder						
History of hospitalization in last 30 days (indicate the cause)						
Recent history of trauma (indicate date, time and site)						
For adult women • Currently pregnant? (If YES, indicate AOG) • Currently breastfeeding?						
For infants • Natal History • Delivery	<input type="checkbox"/> Full term <input type="checkbox"/> Premature <input type="checkbox"/> Postdated <input type="checkbox"/> Normal <input type="checkbox"/> Caesarian Section <input type="checkbox"/> Assisted birth <input type="checkbox"/> Any complication, specify					
Was the patient on any concurrent medication for any illness? (If YES, indicate name of drug, indication, doses & date in the remarks)						
Family History of similar event						
Did the patient receive any previous vaccination and experienced the similar event? <input type="checkbox"/> NO <input type="checkbox"/> YES (if YES, complete the table below)						
Vaccine	Date of Vaccination	Time of Vaccination	Batch/Lot No.	Name of Manufacturer	Expiry Date	Name of Vaccinator





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AEFI Case Investigation Form

IV. IMMUNIZATION PRACTICES <i>(Fill up this section by asking and observing immunization practices at the place (s) where concerned vaccine was used)</i>		
Syringes and Needles Used	YES/NO/NA*	Remarks
Are auto-disable syringes used for immunization?		
If NO, specify the type: <input type="checkbox"/> Glass <input type="checkbox"/> Disposable <input type="checkbox"/> Recycled disposable <input type="checkbox"/> Pre-filled syringes <input type="checkbox"/> Other _____		
<u>Specific key findings/additional observations and comments</u>		
Reconstitution procedure (complete only if applicable) * Not applicable		
Same reconstitution syringe used for multiple vials of same vaccine?		
Same reconstitution syringe used for reconstituting different vaccines?		
Separate reconstitution syringe for each vaccine vial?		
Separate reconstitution syringe for each vaccination?		
Are the vaccines and diluents used as recommended by the manufacturer		
<u>Specific key findings/additional observations and comments</u>		
Injection technique of vaccinator (s) (Observe another session in the same locality –same or different place)		
Correct dose and route?		
Time of reconstitution mentioned on the vial (in case of freeze dried vaccines)?		
Non-touch technique followed?		
Contraindication screened prior to vaccination?		
How many AEFI reported from the center that distributed the vaccine in the last 30 days?		
Training received by the vaccinator: (Title)		<i>if YES, specify date of last training</i> _____
<u>Specific key findings/additional observations and comments</u>		
V. COLD CHAIN AND TRANSPORT (Fill up this section by asking and observing practice)		
Last vaccine storage point:	YES/NO	Remarks
Type of vaccine storage: <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dry Store <input type="checkbox"/> Other, specify: _____		
Temperature: Body of refrigerator _____ °C Freezer: _____ °C		
Correct procedure of storing vaccines, diluents and syringes followed?		
Any other item (other than vaccines and diluents) in the refrigerator or freezer?		
Partially used reconstituted vaccines in the refrigerator?		
Unusable vaccines in the refrigerator?		
If YES check all that apply: <input type="checkbox"/> expired <input type="checkbox"/> no label <input type="checkbox"/> VVM Stage 3/4 <input type="checkbox"/> Frozen		
Unusable diluents in the storage area?		
If YES check all that apply: <input type="checkbox"/> expired <input type="checkbox"/> manufacturer not matched <input type="checkbox"/> cracked <input type="checkbox"/> dirty ampule		
<u>Specific key findings/additional observations and comments</u>		
Vaccine transportation:		
Vaccine carrier used: <input type="checkbox"/> Polyurethane Foam Insulation <input type="checkbox"/> Insulated Plastic Container <input type="checkbox"/> Styrofoam <input type="checkbox"/> Other, specify _____		
Vaccine carrier sent to the site on the same day of vaccination?		
Vaccination carrier returned from the site on the same day of vaccination?		
Condition of the vaccine carrier: Was ice-pack used?		
<u>Specific key findings/additional observations and comments</u>		





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AEFI Case Investigation Form

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VI. VACCINE DETAILS (Indicate vaccines provided at the site linked to AEFI on the corresponding day)									
Number of recipients immunized for each antigen at the session site. Attach record (s) if available	Vaccine Name								
	Total Doses Given								
NOTE: Provide explanation for each YES answers on the following:									YES/NO/#
a) When was the patient immunized? (Tick box below)									
<input type="checkbox"/> Within the first vaccinations of the session <input type="checkbox"/> Within the last vaccinations of the session <input type="checkbox"/> Unknown <input type="checkbox"/> Within the first few doses of the vial administered <input type="checkbox"/> Within the last doses of the vial administered <input type="checkbox"/> Unknown									
b) Was the recommendation for use of this vaccine not followed?									
c) Based on the investigation, does the vaccine (ingredients) administered could have been unsterile?									
d) Based on the investigation, does the vaccine's physical condition (e.g. color, turbidity, foreign substances etc.) was abnormal at the time of administration?									
e) Based on the investigation was there an error in vaccine reconstitution/preparation by the vaccinator (e.g. wrong product, wrong diluent, improper mixing, improper syringe filling etc.)?									
f) Based on the investigation, was there an error in vaccine handling? (e.g. Break in cold chain during transport, storage and/or immunization session etc.)?									
g) Based on the investigation, was the vaccine administered incorrectly (e.g. wrong dose, site or route of administration, wrong needle size, not following good injection practice etc.)?									
h) Number of OTHER recipients immunized from the concerned vaccine vial/ampule									
i) Number of OTHER recipients immunized with the concerned vaccine in the same session									
j) Number of OTHER recipients immunized with the concerned vaccine having the same batch number in other locations _____ Specify locations _____									
k) Is this case a part of a cluster?									
If yes, how many other cases have been detected in the cluster?									
a. Did all the cases in the cluster receive vaccine from the same vial?									
b. If No, Number of vials used in the cluster (enter details separately)									
VII. COMMUNITY INVESTIGATION									
Any known similar events reported recently in the locality/community? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK									
a. If YES, Describe									
b. How many events/episodes?									
Of those affected, how many are Vaccinated _____ Not vaccinated _____ <input type="checkbox"/> Unknown									
Other significant findings in the community									
VIII. CAUSALITY ASSESSMENT <input type="checkbox"/> NAEFIC <input type="checkbox"/> RAEFIC Date Classified: _____									
<input type="checkbox"/> [A1] Vaccine product-related reaction					<input type="checkbox"/> [A4] Immunization anxiety-related reaction				
<input type="checkbox"/> [A2] Vaccine quality defect-related reaction					<input type="checkbox"/> [B1] Consistent temporal relationship but insufficient evidence				
<input type="checkbox"/> [A3] Immunization error-related reaction					<input type="checkbox"/> [B2] Conflicting trends of consistency and inconsistency with causality				
<input type="checkbox"/> error in vaccine handling					<input type="checkbox"/> [C1] Co-incident - Underlying emerging condition (s) or exposure to external factors/something other than vaccine				
<input type="checkbox"/> error in vaccine prescribing or non-adherence to recommendations for use					<input type="checkbox"/> [D] Unclassifiable/Inadequate information				
<input type="checkbox"/> error in administration									
<input type="checkbox"/> Other, specify _____									





Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DE ORO

Office of the Schools Division
Superintendent

Trunk line numbers

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	John Marco Suazo, RN	09678949078 / 09761571139
Mawab	Angeles Auguis, RN	09173108865 / 09518406346
	Leilanie Fajardo, RN	09970625664
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Maco	Ronald Higgins, RN	09177231572
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Mabini	Nancy Jala, RN	09178857874
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Monkayo	Godfree Espero, RN	09278383083
Compostela	Cherry Ann Panio, RN	09088737729
	Donna Kenneth Nistal, RN	09922028969
	Magdalena Galimba, RN	09307499452
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Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

REGIONAL MEMORANDUM
ESSD-2024-372

To: Schools Division Superintendents
Chief Education Supervisor, ESSD

Subject: DISSEMINATION OF THE INTERIM GUIDELINES ON THE
RESUMPTION OF SCHOOL-BASED IMMUNIZATION (SBI) PROGRAM
AFTER THE COVID-19 PANDEMIC

Date: September 9, 2024

Attached is a memorandum from the Office of the Undersecretary for Operations dated August 19, 2024, which is self-explanatory.

Schools Division Superintendents and other school officials are enjoined to provide full support in the conduct of school-based immunization activities. School health personnel are expected to closely coordinate with the regional/provincial/city health officers in the conduct of the activity.

Furthermore, parent consent of students must be secured prior receipt of vaccines and other measures must be in-place prior to the conduct of activity as stated in the enclosed copy of the Department of Health (DOH) Memorandum No. 2024-0250 dated June 21, 2024.

Immediate and wide dissemination of this Memorandum is desired.

ALLAN G. FARNAZO
Director IV

Enclosed: As stated.

DEPARTMENT OF EDUCATION, DAVA
RECORDS SECTION
RELEASED

ROE/smic

By: [Signature]
Date: [Signature]
37499



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Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

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27 999

DATE 9-4-24

TIME 1:00

MEMORANDUM

DM-OUOPS-2024-03-01781

TO REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
PUBLIC AND PRIVATE ELEMENTARY AND SECONDARY SCHOOLS
ALL OTHERS CONCERNED

FROM ATTY. REVSEE A. ESCOBEDO
Undersecretary for Operations

SUBJECT INTERIM GUIDELINES ON THE RESUMPTION OF SCHOOL-BASED
IMMUNIZATION (SBI) PROGRAM AFTER THE COVID-19 PANDEMIC

DATE August 19, 2024

1. Immunization provide protection against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV). In 2013, the School Based Immunization (SBI) Program was institutionalized and conducted every August nationwide in all public schools until the COVID-19 pandemic. In 2020, SBI shifted from school-based to community-based setting due to mobility restrictions and suspension of in-person classes in schools during the peak of the COVID-19 pandemic.
2. The full resumption of face-to-face classes exposes school learners to high risk of contracting VPDs, thus it is imperative that the SBI Program shall be implemented and shifted back to school-based from community-based setting the full resumption of face-to-face classes; school learners are at high risk of contracting VPDs.
3. The Interim Guidelines on the Resumption of School-Based Immunization after the COVID-19 Pandemic are contained in the Enclosure.
4. Parental consent must be secured prior to the conduct of the activity.
5. Regional Directors, Schools Division Superintendents and other school officials are enjoined to provide full support to in the conduct of the activity. School health personnel are expected to closely coordinate with the regional/provincial/city health officers in the conduct of the vaccination activities.
6. For more information, all concerned may contact Dr. Maria Corazon C. Dumlan, Chief Health Program Officer, Bureau of Learner Support Services-School Health Division at (02)8632-9935 and email at blss-shd@deped.gov.ph.
7. Immediate dissemination of this Memorandum is desired.

Incls.: As stated





Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



MAGANDA PILIPINAS

June 21, 2024

DEPARTMENT MEMORANDUM
No. 2024 - 0250

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT (CHD), MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSEM, MINDANAO (MOH-BARMM), ATTACHED AGENCIES, AND OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Resumption of School-Based Immunization (SBI) after the COVID-19 Pandemic

I. BACKGROUND

The School-based Immunization (SBI) is a program of the Department of Health (DOH), in coordination with the Department of Education (DepEd), that aims to provide protection against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV). Since 2013, SBI has been conducted every August nationwide in public schools until the COVID-19 pandemic. The SBI shifted from school-based to community-based setting due to mobility restrictions and suspension of in-person classes in schools during the peak of the COVID-19 pandemic.

With the full resumption of face-to-face classes, school learners are at high risk of contracting VPDs. Thus, the continuity of delivering immunization services, including school-based vaccination, proves to be critical in mitigating public health crises, such as the recent outbreaks of measles and pertussis in certain areas of the country.

In this regard, this issuance aims to provide technical directions for the re-implementation of School-based Immunization services at the school setting.

II. GENERAL GUIDELINES

- A. All SBI services, including Measles-Rubella (MR), Tetanus-diphtheria (Td), and Human Papillomavirus (HPV) vaccination, shall resume its implementation in schools. It is recommended to be rolled out in public schools two (2) months from the start of classes or as agreed upon by DOH and DepEd.
- B. Grade 1 and Grade 7 school children shall be vaccinated with MR and Td vaccines while Grade 4 female school children shall be vaccinated with HPV vaccine. These vaccinations shall follow the appropriate dosages, scheduling and intervals.

- C. A template for informed consent (*Annex A*), including information, education, and communication (IEC) materials shall be disseminated to parents or guardians prior to the SBI roll-out.
- D. Proper microplanning, coordination, and demand generation activities shall be undertaken by all local government units (LGUs) and local health workers concerned, in collaboration with other stakeholders such as the Department of Education (DepEd) and other national government agencies (NGAs) to ensure the efficiency in managing health resources and highlight the distinction of the MR-Td and HPV school-based immunization from other ongoing vaccination services.

III. SPECIFIC GUIDELINES

A. Preparatory Activities

1. Coordination and Engagement with School Administration

- a. Local health centers shall coordinate with school principals, teachers and school nurses on the conduct of SBI activities and SBI guidelines orientation.
- b. Teachers-in-charge/school nurses shall issue notification letters and consent forms (*Annex A*) and IEC materials of health services such as immunization to school children upon enrollment. The template for notification letter and informed consent may be accessed through: <https://bit.ly/SBConsentForm>.
- c. Schools within the LGU catchment area shall endorse the list of Grade 1, Grade 7, and female Grade 4 children enrolled for the current school year to the local health center.
- d. Local health center staff shall record the endorsed list of eligible school children in the *Recording Forms 1, 2, and 3 (Annexes B, C, D)*. The recording forms may be accessed via: <https://tinyurl.com/SBIReporting>.

2. Microplanning

- a. All LGUs, assisted by the DOH Development Management Officers (DMO) with coordination and guidance of NIP Managers, shall develop a detailed microplan of the SBI activities. Micro-plans shall include the following:
 - i. Calculation and identification of the number of children to be vaccinated per immunization session and the vaccination teams needed to prepare immunization schedules for the vaccination team including the schools to be visited;
 - ii. Calculation of the vaccine and other logistics needed including the cold chain equipment;
 - iii. Immunization session plans;
 - iv. Plan for high-risk and hard-to-reach population;
 - v. Crafting of supervisory and monitoring schedule;
 - vi. Follow-up schedule and mop-up plan;
 - vii. Human resource mapping and contingency plan;
 - viii. Demand generation plan;
 - ix. Disease surveillance and reporting;

- x. Adverse Events Following Immunization (AEFI) management plan, and
- xi. Waste management plan
- b. All SBI operational resource requirements shall be consolidated at the city/municipality, provincial and regional levels and included in the costed SBI microplans to be submitted to the higher administrative level.
- c. A standard microplan template which can be accessed through <https://tinyurl.com/SBIMicroplanTemplate> shall be used by all LGUs.

3. Demand Generation

- a. Engagement of parents and caregivers through Parents and Teacher Association (PTA) meetings and similar activities shall be conducted by schools to ensure uptake among students.
- b. Discussions on vaccination among students shall also be conducted through platforms such as flag ceremonies, as part of lectures for relevant classes, and/or through dedicated teach-in sessions to raise awareness and willingness among students.
- c. Conducting social listening and feedbacking among students and parents shall be done through different channels such as meetings and discussions to identify mis/disinformation that need to be addressed.
- d. LGUs and schools shall mobilize stakeholders to support demand generation activities. This can include the provision of giveaways for successfully vaccinated students, as well as incentives for health workers.
- e. Other interactive community engagement activities such as contests and kick-off/launching activities are also encouraged.

4. Setting up of Vaccination Posts

Local health centers shall coordinate with the school administrators for the use of school facilities as temporary vaccination posts. Temporary vaccination posts shall be well-ventilated and spacious to allow compliance with minimum public health standards. Client flow in the vicinity shall be discussed with school administrators, teachers-in-charge, and school nurses.

5. Establishment of Vaccination Teams

- a. A vaccination team shall be composed of at least three (3) trained personnel composed of one (1) vaccinator, one (1) recorder and one (1) health counselor.
- b. Vaccination teams shall be organized based on the target number of schoolchildren to be vaccinated per immunization session and shall apply the following strategies:
 - i. The LGUs shall identify available human resources for deployment based on the calculated number of vaccination teams needed and identify the gap for possible HR augmentation from stakeholders/partners in order to reach the target.
 - ii. Schedule vaccination sessions and deployment of vaccination teams giving priority to schools with a high number of eligible children that are close in their respective area of jurisdiction, and/or areas with cases of measles-rubella. The number of target eligible

populations shall be automatically populated in the SBI *Recording Forms*.

- c. Provided that remaining funds are still available, hiring additional vaccinators and encoders for this activity may be charged under the Locally Funded Project (LFP) funds. Appropriate remuneration through performance-based incentives, and daily subsistence allowance (DSA), transportation allowance, and other immunization-related activities shall be provided to the vaccination teams and may be chargeable against Public Health Management (PHM) funds under DO 2024-0032-B entitled *Further Amendment to the Department Order No. 2024-0032-A dated March 13, 2024, and February 7, 2024, entitled, Guidelines on the Sub-Allotment and Utilization of Funds to Centers for Health Development and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao for the Conduct of CY 2024 Bivalent Oral Polio Vaccine Catch-Up and Supplementation Immunization Activities (bOPV SLA)*.

6. Orientation and Training

Pre-deployment orientation and capacity-building activities on SBI guidelines shall be conducted to all primary healthcare workers, vaccination teams, school personnel, and other stakeholders participating in this activity. Orientation shall be provided by the Provincial and City Health Offices with the assistance of the National Immunization Program staff of the CHD.

B. School-Based Immunization (SBI) Roll-Out

1. Conduct of Immunization Sessions

- a. Vaccination teams may request support from Barangay Local Government Units (BLGUs) for the mobilization and transportation of vaccination teams to the different school vaccination locations as scheduled.
- b. Only students from the school itself can take part in the immunization sessions held on school premises.
- c. Consenting parents/guardians of Grade 1, Grade 7, and female Grade 4 school children shall complete and submit the consent forms on/or before the scheduled SBI immunization session.
- d. School children shall bring their Routine Immunization Cards or Mother and Child booklets on the day of immunization for confirmation of their vaccination history.
- e. The vaccinator shall conduct a quick health assessment prior to administration of MR, Td, and HPV vaccines using the recommended form (*Annex G*) to ensure that the child is well enough to be vaccinated.
- f. Antigens administered during the SBI shall be reflected as a supplemental dose in the Routine Immunization Card, Mother and Child booklet, or SBI vaccination card.
- g. If the Routine Immunization Card or Mother and Child Booklet is not available, an SBI vaccination card shall be provided by the local health center (*Annex H*).
- h. Parents and guardians must be reminded to keep the child's immunization card as it will be used as a means for verification of the child's vaccination status.

2. MR-Td and HPV Immunization Target Population, Schedules, and Operations

- a. Local health center staff shall be in charge of checking the school children's vaccination status and consolidating informed consents for SBI.
- b. Target school children shall receive the following recommended vaccines:

Table 1. Recommended vaccines for school-based immunization.

Vaccine	Vaccination History	Vaccine Schedule	Dosage
Grade 1 Students			
MR	Irrespective	One (1) dose	0.5mL SQ, Right upper arm (posterior triceps) each dose
Td	Irrespective	One (1) dose	0.5mL, IM, Left deltoid
Grade 7 Students			
MR	Irrespective	One (1) dose	0.5mL SQ, Right upper arm (posterior triceps)
Td	Irrespective	One (1) dose	0.5mL, IM, Left deltoid
Grade 4 Female Students in selected HPV implementing areas only (Annex I)			
HPV	Zero (0) dose	HPV1	0.5ml IM, left deltoid
		HPV 2, at least 6 months from 1st dose	0.5ml, IM left deltoid
	One (1) or 2 doses from previous year implementation	Vaccination not required	None

- c. Timing and spacing of MR, Td, or HPV vaccines with other vaccines shall follow standard immunization rules:
 - i. Inactivated vaccines such as Td and HPV can be given at any interval even if another vaccine was previously injected to the child (ie. rabies toxoid or MR vaccine).
 - ii. Live, attenuated vaccines such as MR can be administered on the following conditions:
 - 1. If not given simultaneously/on the same day after another live attenuated vaccine (e.g., varicella), administer following a 28-day interval
 - 2. If not given simultaneously/on the same day after an inactivated vaccine (ie. Td and HPV), administer any time

- iii. Co-administration of vaccines in one session must be done using separate syringes and different injection sites.
- d. All vaccinated students shall be recorded in *Recording Forms 1, 2 and 3*.
- e. In compliance with Healthy Learning Institutions standards, private schools who wish to participate in school-based immunization shall directly coordinate with their respective local health centers. Eligible private school children shall also be recorded in the *Recording Forms*.
- f. **End-of-cycle mop-up activities.** To achieve maximum immunization coverage, mop-up activities shall be provided to those students who have not completed their recommended immunization schedule. The local health center shall inform the teacher-in-charge or school nurse of available activities. This catch-up may include the scheduling of an additional vaccine day, the option for some students to receive catch-up vaccines with their peers in other classes or accessing the immunization session from the local health center.
 - i. A mop-up activity may be scheduled for all eligible students who were initially deferred for MR, Td, or HPV immunization. Parents or caregivers of eligible students who missed the initial roll-out and catch-up activity and express willingness to get vaccinated shall be referred to the nearest implementing local health center. The student shall be accompanied by their parents and/or caregivers and shall be instructed to bring their duly accomplished consent form, provided that there are still available vaccines.
 - ii. These students shall also be recorded in the *Recording Forms*.

3. Supply Chain and Logistics Management

a. Vaccine Supply and Inventory Management

- i. All MR, Td, and HPV vaccines and ancillaries shall be provided by the DOH Central Office (CO).
- ii. The quantity of the vaccines and supplies to be allocated and provided to the CHDs shall be based on the consolidated number of enrolled students per region. Requested quantities will be reviewed and adjusted based on inventory reports and vaccine requirements at sub-national levels. Quantification for vaccines and ancillaries shall be done using the microplan template (<https://tinyurl.com/SBIMicroplanTemplate>).
- iii. All provinces/cities are required to update inventories of MR, Td and HPV vaccines received and issued through the electronic logistics management information system (eLMIS). Such shall be reported weekly.

b. Vaccine Handling and Storage

- i. MR, Td, and HPV vaccines shall be maintained at +2°C to +8°C at all times during distribution, storage, and immunization sessions.
 - 1. MR vaccines lose their potency by 50% when exposed to over 8°C within one (1) hour
 - 2. Td vaccines must never be frozen
 - 3. HPV vaccines should be protected from light
- ii. Vaccine vials with vaccine vial monitors (VVMs) at discard point shall properly be disposed of.

- iii. Vaccine vials and diluents must be placed in standard vaccine carriers. Standard vaccine carriers should have four (4) conditioned ice packs. Newer vaccine carriers have seven (7) conditioned ice packs.
- iv. Pre-filling of syringes of vaccines is NOT allowed.
- v. Any remaining reconstituted MR vaccine doses must be discarded after six (6) hours or at the end of the immunization session, whichever comes first. Unused reconstituted vaccine MUST NEVER be returned to the refrigerator.
- vi. Open vials of Td vaccine follow the multi-dose vial policy (MDVP). As such, these may be used in subsequent sessions (up to 28 days from opening) provided the following conditions are met:
 - 1. Expiry date has not passed
 - 2. Vaccines are stored under appropriate cold chain conditions
 - 3. Vaccine vial septum has not been submerged in water.
 - 4. Aseptic technique has been used to withdraw all doses
 - 5. Vaccine Vial Monitor (VVM) is intact and has not reached the discard point
 - 6. Date is indicated when the vial was opened.
- vii. Excess, unopened vaccine vials brought during immunization sessions shall be marked with a check (✓) before returning to the refrigerator for storage. The check mark shall indicate that the vaccine vial was out of the refrigerator and shall be prioritized for use in the next immunization sessions.

C. Immunization Safety and Adverse Events Following Immunization (AEFI)

1. Special precautions must be instituted to ensure that blood-borne diseases will not be transmitted during MR, Td, and HPV immunization. This shall include:
 - a. Use of the auto-disabled syringe (ADS) in all immunization sessions
 - b. Proper disposal of used syringes and needles into the safety collector box and the safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes
 - c. Refraining from pre-filling of syringes, re-capping of needles, and use of aspirating needles, as prohibited
2. Fear of injections resulting in fainting has been commonly observed in adolescents during vaccination. Fainting is an immunization anxiety-related reaction. To reduce its occurrence, it is recommended for vaccination sites to be situated in areas not readily visible to the students. Further, the vaccinees shall be:
 - a. Advised to eat before vaccination and be provided with comfortable room temperature during the waiting period
 - b. Seated or lying down while being vaccinated
 - c. Carefully observed for approximately 15 minutes after administration of the vaccine and provided with comfortable room temperature during the observation period
3. The decision to administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. Mild upper respiratory infections are not generally contraindications to vaccination.

4. Adverse events following MR-Td and HPV vaccination are generally non-serious and of short duration. However:
- a. MR vaccine should NOT be given to a child or adolescent who:
 - i. Has a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of the vaccine or vaccine component (e.g. neomycin)
 - ii. Has a known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus (HIV) infection who are severely immunocompromised)
 - iii. Pregnant females
 - b. Td vaccine should NOT be given to anyone who had a severe allergic reaction (eg, anaphylaxis) after a previous dose.
 - c. HPV vaccine should NOT be given to adolescents who
 - i. Had a severe allergic reaction after a previous vaccine dose, or to a component of the vaccine.
 - ii. Has a history of immediate hypersensitivity to yeast.
 - iii. Pregnant females. Although the vaccine has not been causally associated with adverse pregnancy outcomes or adverse events to the developing fetus, data on vaccination in pregnancy are limited.
5. Vaccine adverse reactions from any of the vaccines can be found in *Annex J* of this document. Reporting of AEFI shall follow the existing DOH Guidelines in Surveillance and Response to Adverse Events Following Immunization using the form in *Department Circular No. 2023-0206* entitled *Advisory on the Implementation and Use of the Revised AEFI Case Investigation Form (CIF) Version 2023*.
6. All vaccination teams and sites shall have at least one (1) complete AEFI kit with first-line treatment drugs such as epinephrine for allergic reactions and other items for managing the clinical presentation of AEFIs. These kits shall be replenished prior to each vaccination run. All vaccination team members shall be trained to detect, monitor, and provide first aid for AEFI (eg, anaphylaxis) and other health emergencies following immunization. Prompt referral to the nearest health facility must be made in such events.

Table 2. Recommended dosage for epinephrine.

Route of Administration	Frequency of Administration	Dose
Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the 3rd of the thigh immediately	Repeat in every 5-15 min as needed until there is a resolution of the anaphylaxis <i>Note: Persisting or worsening cough associated with pulmonary edema is an important sign of epinephrine overdose and toxicity</i>	According to age: <ul style="list-style-type: none"> ● 0.05 mL for less than 1 y.o. ● 0.15 mL for 2-6 y.o. ● 0.3 mL for 6-12 y.o. ● 0.5 mL for older than 12 y.o.

7. The DOH-retained and other government hospitals shall not charge the patient treated for serious AEFI with any fee. In areas where there are no existing or accessible government hospitals/health facilities, serious AEFI cases shall be managed in private institutions and assistance shall be provided by the LGU with support from the DOH in accordance with *Administrative Order 2023-0007* entitled *Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization (AEFI)*.

D. Data Management and Monitoring

1. Recording and Reporting

- a. The vaccination teams shall utilize the *SBI Recording Forms* as masterlists of Grade 1, Grade 7, and female Grade 4 school children.
- b. The total number of children vaccinated per immunization session shall be recorded using the *Summary Reporting Form (Annex E)* and shall be uploaded in the vaccination dashboard developed by KMITS. Submitted reports shall be analyzed by the DPCB National Immunization Program and submitted to the Public Health Services Cluster (PHSC) as regular updates. The summary reporting form may be accessed via the link: <https://tinyurl.com/SBIreporting>.
- c. The procedure for submission of reports should adhere to the guidelines provided in *Annex F*.

2. Monitoring

The Disease Prevention and Control Bureau (DPCB) together with the HPP, EB, KMITS, SCMS and other DOH Bureaus and Offices shall convene weekly meetings with the CHDs and MOH-BARMM every Wednesdays at 10:00 AM until the end of the SBI roll-out period to provide regular updates, review plans and recalibrate strategies, as needed.

IV. ROLES AND RESPONSIBILITIES

A. The Disease Prevention and Control Bureau (DPCB) shall:

1. Provide technical assistance and capacity building on the conduct of school-based MR-Td-HPV vaccination, in collaboration with professional and civil societies;
2. Coordinate with the Supply Chain Management Service (SCMS) to ensure the availability of vaccines down to the Local Government Unit (LGU) level throughout the implementation of the conduct of school-based MR-Td-HPV vaccination;
3. Coordinate with the Health Promotion Bureau with regard to increasing the awareness on the conduct of school-based MR-Td-HPV vaccination; and
4. Monitor and evaluate the implementation of school-based MR-Td-HPV vaccination services and outcome indicators.

B. The Health Promotion Bureau (HPB) shall:

1. Develop social and behavior change (SBC) strategies for vaccine-preventable diseases and school based immunization (SBI);
2. Cascade SBC plan and Communication Packages to the Centers for Health Development (CHDs) and Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), partners, and stakeholders for localization and dissemination;
3. Collect data on behavioral determinants of target parents and guardians for school-based immunization;
4. Support the DepEd in monitoring the accomplishment of indicators and standards related to vaccination in the implementation of the Oplan Kalusugan sa DepEd-Healthy Learning Institutions (OKD-HLI) program, and propose recommendations as appropriate; and
5. Evaluate effectiveness of SBC strategies in promoting the conduct of school-based immunization services to guide evidence-based research and policy making.

C. The Epidemiology Bureau (EB) shall enforce the implementation of the existing DOH Guidelines:

1. Administrative Order No. 2016-2006 entitled "Adverse Events Following Immunization (AEFI) surveillance and response," and
2. Administrative Order No. 2016-0025 entitled, guidelines on the Referral System for Adverse Events.

D. The Supply Chain Management Service (SCMS) shall be responsible for the distribution and monitoring of vaccines.

E. The Communication Office (COM) shall conduct media-facing activities to increase awareness and participation for SBI.

F. The Centers for Health Development (CHDs) and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) shall perform the following:

1. The National Immunization Program (NIP) shall:

- a. Conduct orientation for concerned stakeholders regarding the policy and promote its adoption and implementation;
- b. Provide technical assistance and capacity building to LGUs and other partners on the conduct of MR-Td and HPV school-based immunization;
- c. Conduct planning with the Provincial and HUCs, DepEd, and DILG counterparts in the implementation of the SBI;
- d. Submit and analyze submitted weekly accomplishment reports by the Local Government Units through the reporting tool indicated in Section D.1.b;
- e. Evaluate and monitor the implementation of the policy by both public and private sectors in their respective regions; and
- f. Support the LGUs in the reproduction of recording and reporting forms, notification letter and consent forms, quick health assessment forms, immunization cards, among others, as needed.

2. The Health Education and Promotion Units (HEPUs) shall:

- a. Conduct demand generation planning with the LGUs, DepEd, and DILG counterparts in the implementation of the SBI;
- b. Implement social and behavior change (SBC) strategies for vaccine-preventable diseases and school-based immunization (SBI).
 - i. Advocate for school administrators and teachers to become champions of school-based immunization;
 - ii. Assist schools in educating, getting the consent of, and mobilizing parents to participate in school-based immunization;
 - iii. Develop and reproduce communication packages and materials to drive demand and support participation in school-based immunization;
 - iv. Harmonize other stakeholders such as the private sector, non-government or civil society organizations, development partners and religious sector to solicit support for immunization program.
- c. Ensure intensification of health promotions regarding SBI together with routine immunization services within their area of influence; and
- d. Support LGUs in the reproduction of materials, as needed.

3. The Regional Epidemiology Surveillance Units (RESUs) shall monitor reports of AEFI and conduct vaccine safety surveillance and conduct investigations to reported cases of serious AEFI.

4. The Cold Chain Managers and/or the Supply Chain Units shall ensure proper cold chain management at all levels and facilitate allocation and distribution of vaccines to LGUs and monitor stock inventory for immediate replenishment, as needed.

5. The Communication Management Units (CMUs) shall develop crisis communication plans for AEFI and issue press releases and engage media to cover the SBI activities.

G. The Department of Education (DepEd) shall:

1. Disseminate the policy to all School Division Offices (SDOs) for coordination and planning with their respective counterpart LGUs;
2. Disseminate consent forms upon enrollment or at least two (2) weeks prior to actual implementation;
3. Conduct health education and promotion activities to parents and students to advocate for immunization in collaboration with the local health center;
4. Provide the needed Master List of Learners (Grade 1, Grade 7, and Female Grade 4) for the year of implementation to their respective counterpart LGUs at least one (1) month prior to the actual SBI rollout; and
5. Inform DepEd personnel in SDOs that they may participate voluntarily in the conduct of fixed-site approach school-based immunization. In this regard, the school nurses may:
 - a. Screen immunization records of students for a missed dose, series of doses, or all vaccines due to the learners;
 - b. Administer vaccines to eligible students within the school premises;
 - c. Provide follow-up care and additional vaccinations if required; and

- d. Perform the recording, data collection and validation of the number of immunized target populations during the implementation period.

II. The Local Government Units (LGUs) shall:

1. Conduct school-based MR-Td and HPV vaccination within their area of influence in accordance to the guidelines set by DOH;
2. Provide localized support or counterpart (i.e. resources, collaterals, others) for the implementation of the policy;
3. Allot funds for reproduction of SBI IEC materials and all other relevant forms for the activity;
4. Develop strategies for conduct of school-based MR-Td-HPV vaccination specific to their area of jurisdiction;
5. Perform data validation and generate reports regarding accomplishment during the implementation period;
6. Conduct regular consultation and implementation reviews among respective LGU personnel, immunization stakeholders, and other organizational partners to improve service delivery efficiency and address implementation issues/gaps; and
7. Submit timely reports to the DOH and DILG for monitoring and tracking of progress of implementation.

I. C. The Local Health Centers shall:

1. Conduct social and behavior change strategies to support school-based immunization;
2. Deploy trained healthcare workers to conduct immunization sessions;
3. Ensure the availability and proper storage and handling of vaccines and related supplies;
4. Screen the immunization records of students for a missed dose, series of doses, or all vaccines due to the learners;
5. Administer vaccines to eligible students within the school premises;
6. Provide follow-up care and additional vaccinations if required; and
7. Perform the recording, data collection and validation of the number of immunized target populations during the implementation period.

I. H. Professional medical and allied medical associations, academic institutions, non-government organizations, development partners and the private sector shall be enjoined to support the implementation of the catch-up immunization guidelines and disseminate it to the areas of their influence.

For dissemination and strict compliance.

By Authority of the Secretary of Health:

GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA
Undersecretary of Health
Public Health Services Cluster

Annex A: Notification Letter and Consent Form Template



Republika ng Pilipinas
Rehiyon _____



NOTIFICATION LETTER

DATE: _____

DIVISION: _____
SCHOOL: _____
ADDRESS: _____

Dear Parent/Guardian:

This school as a Public Elementary / Secondary School will provide School-Based Immunization (SBI) of Measles-Rubella (MR) and Tetanus-Diphtheria (TD) vaccines to Grade 1 and Grade 7 students in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

This Notification is being issued to you as information of the activity that will be conducted for SY 2024 – 2025. Should you have further questions/clarifications on this matter, please refer in touch with the Principal / School Head.

Thank you very much.

Very truly yours,

Name of School Head / Principal

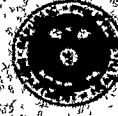
ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the extended immunization services to be given to my child.

Name of the Child			Date of Birth (month/day/year)	
Surname: _____	First Name: _____	Middle Name: _____	Age: _____	Sex: _____
Contact Information				
Contact Number: _____		School: _____		
PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)				
<p><i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following conditions apply to your child.</i></p> <p><input type="checkbox"/> My child had a history of severe allergy to measles-containing or TD vaccines</p> <p><input type="checkbox"/> My child has a severe illness</p> <p><input type="checkbox"/> Primary immune deficiency disease</p> <p><input type="checkbox"/> Suppressed immune response from medication</p> <p><input type="checkbox"/> Leukemia</p> <p><input type="checkbox"/> Lymphoma</p> <p><input type="checkbox"/> Other generalized malignancies</p> <p><input type="checkbox"/> None, my child is relatively healthy</p>				
CONSENT FOR IMMUNIZATION				
<i>(Please check in order per provided)</i>				
<p><input type="checkbox"/> Yes, I will allow my child to be provided the immunization services by DOH and LGU.</p> <p><input type="checkbox"/> Grade 1 (MR, TD)</p> <p><input type="checkbox"/> Grade 7 (MR, TD)</p> <p><input type="checkbox"/> No, I will not allow my child to receive the immunization services.</p>				
<p><small>I understand that by signing off of the required immunization, my child may be at a higher risk of contracting measles-preventable diseases. By signing this consent, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the request of school immunization.</small></p>				
Name and Signature of Parent / Guardian: _____				



Republica ng Pilipinas
Rehyon _____



NOTIFICATION LETTER

DATE _____

DIVISION: _____
SCHOOL: _____
ADDRESS: _____

Dear Parent/Guardian,

This school as a Public Elementary/Secondary School will provide School-Based Immunization (SBI) of Human Papillomavirus (HPV) Vaccine to Grade 4 Female students in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

This Notification is being issued to you as information of the activity that will be conducted for SY 2014 - 2015. Should you have further questions or clarifications on this matter, please get in touch with the Principal / School Head.

Thank you very much.

Very truly yours,

Name of School Head / Principal

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the intended immunization services to be given to my child.

Name of the Child		Date of Birth (mm/dd/yyyy)	
Surname	First Name	Middle Name	
Contact Information		Age	Sex
Contact Number	School		
PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)			
<p><i>Use space provided below your child can be immunized at school. Report disturbance from your child's health or any other possible problem (such as fever, sore throat, swollen lymph nodes, etc.)</i></p> <p><input type="checkbox"/> My child has a history of severe allergy to human papillomavirus (HPV) vaccine.</p> <p><input type="checkbox"/> My child has a severe illness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary immune deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancy <p><input type="checkbox"/> None, my child is relatively healthy.</p>			
CONSENT FOR IMMUNIZATION			
<i>(Please check in the box provided)</i>			
<p><input type="checkbox"/> I will allow my child to be provided the immunization services as per DOH recommendation.</p> <p><input type="checkbox"/> Grade 4 (SR 10)</p> <p><input type="checkbox"/> Grade 5 (SR 14)</p> <p><input type="checkbox"/> No, I will not allow my child to receive the immunization services because:</p>			
<p>I understand that by either one of the provided selections, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this letter, I acknowledge that I have read and understood the information provided above. I voluntarily check to exempt my child from the required school immunization.</p>			
Name and Signature of Parent/Guardian _____			

Annex B: Recording Form 1 – Masterlist of Grade 1 Students

SCHOOL-BASED IMMUNIZATION Recording Form 1: Masterlist of Grade 1 Students

Region: _____ Name of School: _____ Section: _____ MR: _____
 Barangay: _____ District/Municipality: _____ Number of Vaccine Received (in vials): _____ Number of Vaccine Received (in vials): _____
 City/Province: _____ Date: _____ Number of Vaccine Used (in vials): _____ Number of Vaccine Used (in vials): _____
 Number of Vaccine Unused (in vials): _____ Number of Vaccine Unused (in vials): _____

To be filled out by Local Health Center / Vaccination Team					To be filled out by Vaccination Team															
Sl. No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YYYY)	Age	Dose of MCV/Received		Coverslip		History of Allergies	Sick today? Fever, etc.		Vaccine Given						Dist/Unit	Refused	Remarks
					MCV 1	MCV 2	Y	N		Y	N	DTaP	MM2	MM1	MM2	MM3	MM4			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code Reason

1. Parent was absent/away from home
2. Fear of vaccine side effect
3. Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
4. Child already has complete routine vaccination, extra vaccine dose not necessary so parents refused
5. Fear of COVID transmission
6. Vaccine perceived to be not effective, of low quality or on near expiry
7. Client is a newborn and parents believed that her/his child is too young to be given vaccination
8. Child was already vaccinated by private MD, against advised by private MDs; thus parents/ caregiver refused
9. Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination; Against religious beliefs

Code Reason

10. Lack of trust in the vaccinator
11. Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused
12. Unaware of the campaign
13. Vaccine team did not visit
14. Child was a from a different area
15. Child was severely sick or not feeling well
16. Do not know/ declined to respond
17. Outright refusal
18. Other (specify): _____

Annex C: Recording Form 2 – Masterlist of Grade 7 Students

SCHOOL-BASED IMMUNIZATION

Recording Form of Masterlist of Grade 7 Students

Region: _____ Name of School: _____ District: _____

Division: _____ District/Municipality: _____

City/Province: _____ Date: _____

MR: _____
 Number of Vaccine Received in year: _____
 Number of Vaccine Used in year: _____
 Number of Vaccine Unused in year: _____

TR: _____
 Number of Vaccine Received in year: _____
 Number of Vaccine Used in year: _____
 Number of Vaccine Unused in year: _____

To be filled out by Local Health Center / Vaccination Team

To be filled out by Vaccination Team

Sl. No.	Name (Surname, First Name, Sex)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of MCV Received		Consent MCV		History of Allergies	Risk Level? (fever, etc)		Vaccine Given					DTPW1	DTPW2	Reasons		
						MCV1	MCV2	Y	N		Y	N	MM1	Lot/Date in Use	MM2	Lot/Date in Use	Y1				Lot/Date in Use	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED:

(Select all that apply for the RH)

- | | |
|---|--|
| <p>Code Reason</p> <p>1 Parent was absent/away from home</p> <p>2 Fear of vaccine side effect</p> <p>3 Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)</p> <p>4 Child already has complete routine vaccinations, extra vaccine dose not necessary</p> <p>5 parents refused</p> <p>5 Fear of COVID transmission</p> <p>6 Vaccine perceived to be not effective, of low quality or on near expiry</p> <p>7 Client is a newborn and parents believed that her/his child is too young to be given vaccination</p> <p>8 Child was already vaccinated by private MD, against advised by private MDs, thus parents/caregiver refused</p> <p>9 Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination. Against religious beliefs</p> | <p>Code Reason</p> <p>10 Lack of trust in the vaccinator</p> <p>11 Child not recovered from illness or put discharged from the hospital, the parent/ caregiver refused</p> <p>12 Unaware of the campaign</p> <p>13 Vaccine team did not visit</p> <p>14 Child was from a different area</p> <p>15 Child was acutely sick or not feeling well</p> <p>16 Do not know/declined to respond</p> <p>17 Outright refusal</p> <p>18 Other (specify): _____</p> |
|---|--|

Annex D: Recording Form 3 – Masterlist of Grade 4 Female Students

SCHOOL-BASED IMMUNIZATION Recording Form 3: Masterlist of Grade 4 Female Students

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

HPV: _____
 Number of Vaccine Received (in visit): _____
 Number of Vaccine (in visit): _____
 Number of Vaccine Unreceived (in visit): _____

To Be Filled out by Local Health Center / Vaccination Team					To Be Filled out by Vaccination Team														
Sl. No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YYYY)	Age	Sex	Date of HPV Received		Consent (SP)		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Status	Reasons
						HPV 1	HPV 2	Y	N		Y	N	HPV 1	Latvian HPV	HPV 2	Latvian HPV			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED
(Select all that apply for the IRI)

- | Code | Reasons |
|------|--|
| 1 | Parent was absent/ away from home |
| 2 | Fear of vaccine side effect |
| 3 | Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.) |
| 4 | Child already has complete routine vaccination, extra vaccine dose not necessary |
| 5 | Parents refused |
| 6 | Fear of COVID transmission |
| 7 | Vaccine perceived to be not effective, of low quality or on near expiry |
| 8 | Child is a newborn and parents believed that her/his child is too young to be given vaccination |
| 9 | Child was already vaccinated by private MD, against advised by private MDs, thus parents/ caregiver refused |
| 10 | Facular personal beliefs or misconceptions of the parents or caregiver on vaccination, against religious beliefs |

- | Code | Reasons |
|------|---|
| 10 | Lack of trust in the vaccinator |
| 11 | Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused |
| 12 | Unaware of the campaign |
| 13 | Vaccine team did not visit |
| 14 | Child was a from a different area |
| 15 | Child was acutely sick or not feeling well |
| 16 | Do not know/ declined to respond |
| 17 | Oughtful refusal |
| 18 | Other (specify) _____ |

Annex F: 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	Local Health Center/Vaccination Team	RHU	Daily
	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	PHO/CHO	Weekly
PHO/CHO	Analysis report of municipalities	Provincial/City NIP Coordinator	RHO	Weekly
RHO	Bulletin report of prov/city	Regional NIP Coordinator	CO-NIP	Weekly
CO	Bulletin report of CHDs	DPCB NIP	PHSC U	Weekly

Annex G: Quick Health Assessment Form


**QUICK HEALTH ASSESSMENT FOR SCHOOL-BASED IMMUNIZATION
(MR, Td, and HPV Vaccination)**

Name of the Child			Date of Birth (mm/dd/yyyy)	
Surname	First Name	Middle Name		
Contact Information			Age	Sex
Contact Number	Name of Barangay (School)			
School:				
QUICK HEALTH ASSESSMENT <i>(Mark the appropriate response with a checkmark)</i>				
Questions	Yes	No	Decision	Remarks
1. Does the child have fever ($\geq 37.6^{\circ}\text{C}$)?			IF Yes: DEFER vaccination, refer for medical management, and set a definite date for the vaccination.	Temp: _____
2. Date of last menstruation, if applicable: _____			If pregnant or suspected to be: DO NOT GIVE MR/HPV Vaccine	
Notes: • Malnutrition, low-grade fever, mild respiratory infections, diarrhea and other minor illnesses should not be considered as contraindications.				
Immunization Card/Mother Baby Book available? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Assessed by: _____				
_____ <i>Signature over printed name of the health worker/screener</i>				
Date (mm/dd/yyyy): _____				

Annex H: School-Based Immunization Card Template



**Vaccination Card for
School-age Children**



Child's name:

Date of birth:

Vaccine Type	(Vaccination given)		
	Dose	Date	Date
MR (Measles-Rubella)			
TD (Tetanus-Diphtheria)			
HPV (Human Papilloma Virus)			
Others: <input style="width: 80%;" type="text"/>			

Keep this card for future reference. For use only on school children

Annex I: List of Provinces/Cities Implementing HPV Vaccination

CAR		Region IV-B		Region X
1. Apayao		1. Puerto Princesa City		1. Camiguin
2. Ifugao		2. Matnog		2. Bukidnon
3. Abra		3. Occidental Mindoro		3. Cagayan de Oro
4. Baguio City		4. Oriental Mindoro		4. Iligan City
5. Benguet		5. Palawan		5. Lanao del Norte
6. Kalinga		6. Romblon		6. Misamis Occidental
7. Mt. Province				7. Misamis Oriental
Region I		Region V		Region XI
1. Pangasinan		1. Masbate		1. Davao Oriental
2. Ilocos Norte		2. Camarines Sur		2. Davao City
3. Ilocos Sur		3. Legazpi City		3. Davao del Norte
4. La Union		4. Ligao City		4. Davao Occidental
5. Alaminos City		5. Tabaco City		5. Davao del Sur
6. Candón City				6. Davao De Oro
7. Dagupan City		Region VI		Region XII
8. Laoag City		1. Iloilo		1. North Cotabato
9. San Carlos City		2. Iloilo City		2. Sarangani
10. San Fernando City		3. Negros Occidental		3. General Santos City
11. Urdaneta City		4. Bacolod City		4. South Cotabato
12. Vigan City		5. Antique		5. Sultan Kudarat
Region II		6. Aklan		
1. Batanes		7. Capiz		Region XIII
2. Cagayan		8. Guimaras		1. Agusan del Norte
3. Isabela				2. Agusan Del Sur
4. Nueva Vizcaya		Region VII		3. Surigao Del Sur
5. Quirino		1. Cebu		4. Surigao Del Norte
6. Santiago City		2. Cebu City		5. Butuan City
7. Ilagan City		3. Bohol		
8. Cauayan City		4. Dumaguete City		BARMIM
9. Tuguegarao City		5. Negros Oriental		1. Lanao del Sur
Region III		6. Lapu-Lapu City		2. Maguindanao Del Sur
1. Pampanga		7. Mandaue City		3. Maguindanao Del Norte
2. Zambales		8. Siquijor		4. Sulu
3. Angeles City		9. Tagbilaran City		5. Tawi-Tawi
4. Cabanatuan City				
5. Gapan City		Region VIII		NCR
6. Mabalacat City		1. Eastern Samar		1. Caloocan City
7. Palayan City		2. Northern Leyte		2. Mandaluyong
8. Muñoz City		3. Northern Samar		3. Marikina City
9. Nueva Ecija		4. Ormoc City		4. Pasay City
10. Olongapo City		5. Tacloban City		5. Quezon City
11. San Jose City		6. Borongan City		6. Tigug City
12. San Fernando City				7. Valenzuela City
Region IV-A		Region IX		8. Las Piñas City
1. Quezon		1. Zamboanga del Sur		9. Makati City
2. Batangas		2. Pagadian City		10. Malabon City
3. Cavite		3. Zamboanga City		11. Manila City
4. Laguna				12. Muntinlupa City
5. Rizal				13. Navotas City
6. Antipolo City				14. Paranaque City
7. Lucena City				15. Pasig City
				16. Pateros
				17. San Juan City

**Annex J: List of Immediately Notifiable AEFIs
(AO 2023-0007: Revised Omnibus Guidelines on the Surveillance and Management of
Adverse Events Following Immunization)**

Adverse event	Case definition	Vaccine
Acute flaccid paralysis (Vaccine-associated paralytic poliomyelitis)	Acute onset of flaccid paralysis within 4 to 30 days of receipt of oral poliovirus vaccine (OPV), or within 4 to 75 days after contact with a vaccine recipient and neurological deficits remaining 60 days after onset, or death. Notifiable if the onset is within 3 months after immunization	OPV
Anaphylactoid reaction (acute hypersensitivity reaction)	Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterized by one or more of the following: <ul style="list-style-type: none"> • Wheezing and shortness of breath due to bronchospasm • One or more skin manifestations, e.g. hives, facial oedema, or generalized oedema. Less severe allergic reactions do not need to be reported. • Laryngospasm/laryngeal oedema Notifiable if the onset is within 24 to 48 hours after immunization	All
Anaphylaxis	Severe immediate (within 1 hour) allergic reaction leading to circulatory failure with or without bronchospasm and/or laryngospasm/laryngeal oedema. Notifiable if the onset is within 24 to 48 hours after immunization	All
Arthralgia	Joint pain usually including the small peripheral joints. Persistent if lasting longer than 10 days; transient if lasting up to 10 days. Notifiable if the onset is within 1 month after immunization	Rubella, MMR
Brachial neuritis	Dysfunction of nerves supplying the arm/shoulder without other involvement of the nervous system. A deep steady, often severe aching pain in the shoulder and upper arm followed in days or weeks by weakness and wasting in arm/shoulder muscles. Sensory loss may be present, but is less prominent. May present on the same or the opposite side to the injection and sometimes affects both arms. Notifiable if the onset is within 3 months after immunization	Tetanus
Disseminated BCG infections	Widespread infection occurring within 1 to 12 months after BCG vaccination and confirmed by isolation of <i>Mycobacterium bovis</i> BCG strain. Usually in immunocompromised individuals.	BCG
Encephalopathy	Acute onset of major illness characterized by any two of the following three conditions: seizures, severe alteration in level of consciousness lasting for	Measles-containing, Pertussis-containing

	one day or more distinct change in behavior lasting one day or more. Needs to occur within 48 hours of DTP vaccine or from 7 to 12 days after measles or MMR vaccine, to be related to immunization.	
Hypotonic, hyporesponsive episode (HHE or shock-collapse)	Event of sudden onset occurring within 48 [usually less than 12] hours of vaccination and lasting from one minute to several hours, in children younger than 10 years of age. All of the following must be present: <ul style="list-style-type: none"> • Limpness (hypotonic) • Reduced responsiveness (hyporesponsive) • Pallor or cyanosis – or failure to observe/recall 	Mainly DTP, rarely others
Injection site abscess	Fluctuant or draining fluid filled lesion at the site of injection. Bacterial if evidence of infection (e.g. purulent, inflammatory signs, fever, culture), sterile abscess if not. Notifiable if the onset is within 7 days after immunization	All
Lymphadenitis (includes simple and suppurative lymphadenitis)	Either at least one lymph node enlarged to >1.0 cm in size (one adult finger width) or a draining sinus over a lymph node. Almost exclusively caused by BCG and then occurring within 2 to 6 months after receipt of BCG vaccine, on the same side as inoculation (mostly axillary). May develop as early as two weeks after vaccination, most cases appear within six months, and almost all cases occur within 24 months.	BCG
Osteitis/ Osteomyelitis	Inflammation of the bone with isolation of <i>Mycobacterium bovis</i> BCG strain. Notifiable if the onset is between 1 and 12 months after immunization	BCG
Persistent inconsolable screaming	Inconsolable continuous crying lasting 3 hours or longer accompanied by high-pitched screaming. Notifiable if the onset is within 24 to 48 hours after immunization	DTP, Pertussis
Seizures	Occurrence of generalized convulsions that are not accompanied by focal neurological signs or symptoms. Febrile seizures: if temperature elevated >38°C (rectal) Afebrile seizures: if temperature normal. Notifiable if the onset is within 14 days after immunization	All, especially DTP, MMR Measles
Sepsis	Acute onset of severe generalized illness due to bacterial infection and confirmed (if possible) by positive blood culture. Needs to be reported as a possible indicator of program error. Notifiable if the onset is within 7 days after immunization	All
Severe local reaction	Redness and/or swelling centered at the site of injection and one or more of the following: <ul style="list-style-type: none"> • Swelling beyond the nearest joint 	All

	<ul style="list-style-type: none"> • Pain, redness, and swelling of more than 3 days duration • Requires hospitalization <p>Notifiable if the onset is within 7 days after immunization.</p> <p>Local reactions of lesser intensity occur commonly and are trivial and do not need to be reported.</p>	
Thrombocytopenia	<p>Serum platelet count of less than 150,000/ml leading to bruising and/or bleeding</p> <p>Notifiable if the onset is within 3 months after immunization</p>	MMR
Toxic shock syndrome (TSS)	<p>Abrupt onset of fever, vomiting and watery diarrhea within a few hours of immunization. Often leading to death within 24 to 48 hours. Needs to be reported as a possible indicator of program error.</p> <p>Notifiable if the onset is within 24 to 48 hours after immunization</p>	All

*Brighton collaboration has developed case definitions for many vaccine reactions and is available at www.brighton-collaboration.org
 Reference: *Manual of Procedures for Surveillance and Response to AEFI*, 2014