



Republic of the Philippines
Department of Education
REGION VIII
SCHOOLS DIVISION OF CALBAYOG CITY

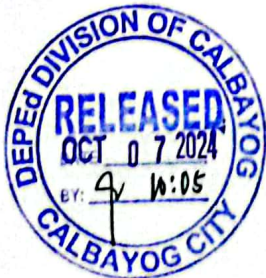
October 3, 2024

DIVISION MEMORANDUM
No. DM, s. 2024

RESUMPTION OF SCHOOL-BASED IMMUNIZATION

TO: Public Schools District Supervisors
School Heads (Elementary & Secondary)
All Others Concerned

1. Per DepEd Memo DM-OUOPS-2024-03-06789 titled Interim Guidelines on the resumption of School-Based Immunization (SBI) program dated August 19, 2024, and DOH DM Order No. 2024-0250 dated June 21, 2024 which is the full resumption of face-to-face classes which exposes school learners to high risk of contracting Vaccine Preventable Diseases (VPD), thus, the School-Based Immunization Program shall be implemented and shifted back to the usual routine immunization schedule/procedures.
2. In view thereof, this office hereby requests the required data to be prepared and submitted. See attached forms to be filled-up.
3. Further, the school is directed to submit a copy of the Recording Forms 1 and 2 to the nearest Health Center of your school. The list of health center will be announced through the SGOD-School Heads official group chat. Each adviser must have a copy of all forms ready and available during the actual immunization.
4. Deadline of submission of forms to health center near your school is on or before Oct. 28, 2024 for data inclusion and logistic requirements in respective health center.
4. Immediate dissemination and compliance of their memorandum is desired.




MARGARITO A. CADAYONA JR. PhD., CESO VI
OIC- Schools Division Superintendent

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 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)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (x) if any condition applies to your child).</i>				
<input type="checkbox"/> My child has a history of severe allergy to measles-containing or Td vaccines. <input type="checkbox"/> My child has a severe illness. <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies <input type="checkbox"/> None, my child is relatively healthy				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <input type="checkbox"/> Grade 1 (MR, Td) <input type="checkbox"/> Grade 7 (MR, Td) <input type="checkbox"/> No, I will not allow my child to receive the immunization service because				
<p style="font-size: small;">I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the required school immunizations.</p>				
_____ Name and Signature of Parent / Guardian				



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 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 2024 - 2025. Should you have further questions / 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-IMMUNIZATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (x) if any condition applies to your child).</i>				
<input type="checkbox"/> My child had a history of severe allergy to human papillomavirus (HPV) vaccine. <input type="checkbox"/> My child has a severe illness. <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies <input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <input type="checkbox"/> Grade 1 (D&E, Td) <input type="checkbox"/> Grade 7 (D&E, Td) <input type="checkbox"/> No, I will not allow my child to receive the immunization service because _____				
I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this form, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the required school immunizations.				
_____ Name and Signature of Parent / Guardian				

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

SCHOOL-BASED IMMUNIZATION Recording Form 2 Masterlist of Grade 7 Students

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

MR: _____ Yr: _____
 Number of vaccine Received in visit: _____ Number of Vaccine Received in visit: _____
 Number of vaccine Used in visit: _____ Number of Vaccine Used in visit: _____
 Number of vaccine Unused in visit: _____ Number of Vaccine Unused in visit: _____

To be filled out by Local Health Officer/ Vaccinator/ Nurse						To be filled out by identification team														
Roll Number (Starting with 10000000)	Complete Address	Date of Birth DD/MM/YYYY	Age	Sex	Date of last Vaccination		Consent Slip		History of Allergies	Visit history (Public site)		Vaccine Admin						Confirms	Refused	Remarks
					MM/YY	DD/YY	Y	N		V	N	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY			
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 UNRECORDED

(Select all that apply for the HR)

- Code** **Reasons**
- 1 Parent was absent/ away from home
 - 2 Fear of vaccine side effect
 - 3 Vaccine safety issues (previous vaccine experience, past adverse experience, etc.)
 - 4 Child already has complete routine vaccination, extra vaccine dose not necessary.
 - 5 Parent not notified
 - 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 advice by private MDs, thus parents/ caregiver refused
 - 9 Peculiar 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 had 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 actually sick or not feeling well
 - 16 Do not know/ declined to respond
 - 17 Overtight refusal
 - 18 Other (specify): _____



Republika ng Pilipinas
Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM

DM-OUOPS-2024-03-04789

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

**FROM : *Revsee A. Escobedo*
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. Dumlao, 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



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 MUSLIM 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/SBIConsentForm>.
- 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 SIA).*"

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 HPB, 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.

H. F. 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.

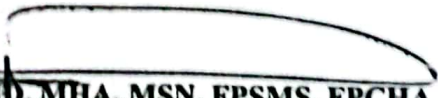
I. G. The Local Health Centers shall:

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.

J. 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 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:		
			Age	Sex
Contact Information				
Contact Number:	School:			
PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (x) if any condition applies to your child).</i>				
<input type="checkbox"/> My child had a history of severe allergy to measles-containing or Td vaccines. <input type="checkbox"/> My child has a severe illness: <ul style="list-style-type: none"> <input type="checkbox"/> Primary immune – deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies <input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <ul style="list-style-type: none"> <input type="checkbox"/> Grade 1 (MR, Td) <input type="checkbox"/> Grade 7 (MR, Td) <input type="checkbox"/> No, I will not allow my child to receive the immunization service because:				
<p><small>I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the required school immunizations.</small></p> <p style="text-align: center;">_____ Name and Signature of Parent/Guardian</p>				



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 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 2024 - 2025. Should you have further questions / 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)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (x)) if any condition applies to your child:</i>				
<input type="checkbox"/> My child had a history of severe allergy to human papillomavirus (HPV) vaccine. <input type="checkbox"/> My child has a severe illness: <ul style="list-style-type: none"> <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies <input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <ul style="list-style-type: none"> <input type="checkbox"/> Grade 1 (DOR, Td) <input type="checkbox"/> Grade 7 (DOR, Td) <input type="checkbox"/> No, I will not allow my child to receive the immunization service because _____				
<p><i>I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the required school immunizations.</i></p> <p style="text-align: center;">_____ Name and Signature of Parent / Guardian</p>				

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: _____
 Barangay: _____ District/Municipality: _____
 City/Province: _____ Date: _____

MR: _____ Number of Vaccine Received (in vials): _____
 Number of Vaccine Used (in vials): _____
 Number of Vaccine Unused (in vials): _____
 Td: _____ Number of Vaccine Received (in vials): _____
 Number of Vaccine Used (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	Sex	Date of MCV Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given					Deferral	Refusal	Reasons
						MCV 1	MCV 2	Y	N		Y	N	MR1	Lot/Date to Rec.	MR 2	Lot/Date to Rec.	Td			
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 Reasons

- 1 Parent was absent/ away from home
- 2 Fear of vaccine Side effect
- 3 Vaccine safety issues (singular 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 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 Outright refusal
- 18 Other (specify) _____

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

SCHOOL-BASED IMMUNIZATION Recording Form 2: Masterlist of Grade 7 Students

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

MR: _____ Number of vaccine Received (in vials): _____
 Number of vaccine Used (in vials): _____
 Number of vaccine Unused (in vials): _____

Td: _____ Number of vaccine Received (in vials): _____
 Number of vaccine Used (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												
Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of MCV Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Refusal	Reasons
					MCV 1	MCV 2	Y	N		Y	N	MR1	MR 2	Td	MR 1 Lot No.			
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 MR)

- | 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, 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 | Regular 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 from a different area |
| 15 | Child was acutely sick or not feeling well |
| 16 | Do not know/ declined to respond |
| 17 | Outright refusal |
| 18 | Other (specify): _____ |

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 visits): _____

Number of Vaccine Used (in visits): _____

Number of Vaccine Unused (in visits): _____

To be filled out by Local Health Center / Vaccination Team					To be filled out by Vaccination Team													
Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of HPV Received		Consent S&P		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Refusal	Reasons
					HPV 1	HPV 2	Y	N		Y	N	HPV 1	Lot/Bulk In No.	HPV 2	Lot/Bulk In No.			
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 HPV)

- | 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, 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 | 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 from a different area |
| 15 | Child was acutely sick or not feeling well |
| 16 | Do not know/ declined to respond |
| 17 | Outright refusal |
| 18 | Other (specify): _____ |

Annex E: Summary Reporting Form

School-Based Immunization
DAILY SUMMARY REPORTING Form: RIU Consolidated Accomplishment Form Report

Region _____	County _____	School No. _____																												
Name of Vaccine	Grade 1										Grade 4 Female										Grade 7									
	Total no. of students enrolled	Students administered or 1st dose		Total no. of children				Total no. of children	No. of female students administered				Total no. of children			Total no. of children	Students administered or 1st dose		Total no. of children				Total no. of children							
				Total no.		Males			Females		Total no.		Males		Females				Total no.		Males			Females						
		1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose		1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose		2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose		2nd dose	1st dose	2nd dose				
Total																														

Grade 1:
1st:
 Number of Vaccine Received (n vias): _____
 Number of Vaccine Used (n vias): _____
 Number of Vaccine Unused (n vias): _____

2d:
 Number of Vaccine Received (n vias): _____
 Number of Vaccine Used (n vias): _____
 Number of Vaccine Unused (n vias): _____

Grade 7:
1st:
 Number of Vaccine Received (n vias): _____
 Number of Vaccine Used (n vias): _____
 Number of Vaccine Unused (n vias): _____

2d:
 Number of Vaccine Received (n vias): _____
 Number of Vaccine Used (n vias): _____
 Number of Vaccine Unused (n vias): _____

Grade 4 Female:
1st:
 Number of Vaccine Received (n vias): _____
 Number of Vaccine Used (n vias): _____
 Number of Vaccine Unused (n vias): _____

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)**

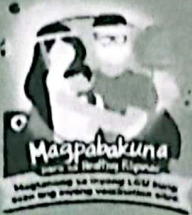
Name of the Child			Date of Birth (mm/dd/yyyy)	
Surname:	First Name:	Middle Name:		
Contact Information			Age	Sex
Contact Number:	Name of Barangay (School):			▼
School:				
QUICK HEALTH ASSESSMENT <i>Mark all appropriate spaces/boxes with a check (✓)</i>				
Questions	Yes	No	Decision	Remarks
1. Does the child have fever (≥37.6°C)?			If Yes, DEFER vaccination; refer for medical management; and set a define date for the vaccination	Temp: _____
2. Date of last menstruation, if applicable: _____			If pregnant or suspected to be, DO NOT GIVE MR HPV Vaccine	
<p>Note:</p> <ul style="list-style-type: none"> 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



**Healthy
Pilipinas**

Vaccination Card for School-age Children



Child's name:

Date of birth:

Vaccine Type	(Vaccination given)		
	Date	Date	Date
MR (Measles-Rubella)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TD (Tetanus-Diphtheria)	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV* (Human Papilloma Virus)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Keep this card for future reference * For applicable areas only

Annex I: List of Provinces/Cities Implementing HPV Vaccination

CAR

1. Apayao
2. Ifugao
3. Abra
4. Baguio City
5. Benguet
6. Kalinga
7. Mt. Province

Region I

1. Pangasinan
2. Ilocos Norte
3. Ilocos Sur
4. La Union
5. Alaminos City
6. Candon City
7. Dagupan City
8. Laoag City
9. San Carlos City
10. San Fernando City
11. Urdaneta City
12. Vigan City

Region II

1. Batanes
2. Cagayan
3. Isabela
4. Nueva Vizcaya
5. Quirino
6. Santiago City
7. Ilagan City
8. Cauayan City
9. Tuguegarao City

Region III

1. Pampanga
2. Zambales
3. Angeles City
4. Cabanatuan City
5. Gapan City
6. Mabalacat City
7. Palayan City
8. Muñoz City
9. Nueva Ecija
10. Olongapo City
11. San Jose City
12. San Fernando City

Region IV-A

1. Quezon
2. Batangas
3. Cavite
4. Laguna
5. Rizal
6. Antipolo City
7. Lucena City

Region IV-B

1. Puerto Princesa City
2. Marinduque
3. Occidental Mindoro
4. Oriental Mindoro
5. Palawan
6. Romblon

Region V

1. Masbate
2. Camarines Sur
3. Legazpi City
4. Ligao City
5. Tabaco City

Region VI

1. Iloilo
2. Iloilo City
3. Negros Occidental
4. Bacolod City
5. Antique
6. Aklan
7. Capiz
8. Guimaras

Region VII

1. Cebu
2. Cebu City
3. Bohol
4. Dumaguete City
5. Negros Oriental
6. Lapu-Lapu City
7. Mandaue City
8. Siquijor
9. Tagbilaran City

Region VIII

1. Eastern Samar
2. Northern Leyte
3. Northern Samar
4. Ormoc City
5. Tacloban City
6. Borongan City

Region IX

1. Zamboanga del Sur
2. Pagadian City
3. Zamboanga City

Region X

1. Camiguin
2. Bukidnon
3. Cagayan de Oro
4. Iligan City
5. Lanao del Norte
6. Misamis Occidental
7. Misamis Oriental

Region XI

1. Davao Oriental
2. Davao City
3. Davao del Norte
4. Davao Occidental
5. Davao del Sur
6. Davao De Oro

Region XII

1. North Cotabato
2. Sarangani
3. General Santos City
4. South Cotabato
5. Sultan Kudarat

Region XIII

1. Agusan del Norte
2. Agusan Del Sur
3. Surigao Del Sur
4. Surigao Del Norte
5. Butuan City

BARMM

1. Lanao del Sur
2. Maguindanao Del Sur
3. Maguindanao Del Norte
4. Sulu
5. Tawi-Tawi

NCR

1. Caloocan City
2. Mandaluyong
3. Marikina City
4. Pasay City
5. Quezon City
6. Taguig City
7. Valenzuela City
8. Las Piñas City
9. Makati City
10. Malabon City
11. Manila City
12. Muntinlupa City
13. Navotas City
14. Paranaque 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. 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 vaccines reactions and is available at: www.brighton-collaboration.org.
Reference: *Manual of Procedures for Surveillance and Response to AEFI*, 2014