

Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
IPHO Bldg., Sudlon, Lahug, Cebu City



DIVISION MEMORANDUM

August 1, 2019

NO. 462, s. 2019

Implementation of School-Based Immunization Program (SBI) for 2019

**TO: Assistant Schools Division Superintendents
Public Schools District Supervisors
Elementary/Secondary School Administrators
All Nurses
And All Others Concerned**

1. Pursuant to the Regional Memorandum 0338 s. 2019 Guidelines on the Continuation of Measles Outbreak Response Immunization (MORI) and Implementation of School-Based Immunization (SBI) for 2019, this office announces the conduct of School-Based Immunization program for 2019.
2. Furthermore, the Department of Health (DOH) in collaboration with the Department of Education (DepEd), Department of the Interior and Local Government (DILG) will conduct the School-Based Immunization (SBI) in the months of August and September. This will be done in order to immunize Grade 1 and Grade 7 with Tetanus-diphtheria (Td) and Measles Containing Vaccine (MCV) and Grade 4 female students ages 9-14 years old with Human Papillomavirus (HPV).
3. School Year 2019-2020 has started, vaccination of unimmunized/incompletely immunized Grade 1 to Grade 7 and Pre-school learners is necessary and must be given priority before the school-year ends.
4. In this regard, it is recommended by this office to prioritize and to intensify the continuation of MORI and SBI to all Grade 1 – Grade 7 and Pre-school learners who are unvaccinated or with incomplete vaccination.
5. Herewith are the general and specific immunization guidelines and the prescribed recording forms from DOH to be used and filled-up before the conduct of the immunization.
6. For your information and compliance to this memorandum is highly desired.


RHEA MAR A. ANGTUD, Ed.D. CESO VI
Schools Division Superintendent



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



REGIONAL MEMORANDUM

No. 0338, s. 2019

TO : SCHOOLS DIVISION SUPERINTENDENTS
SCHOOL HEADS
ALL OTHERS CONCERNED

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

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

DATE : June 26, 2019

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

INFORMED

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

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

CENTRAL GUIDELINES

1. All school children enrolled in Pre-School and Grade 1 to 7 shall be vaccinated with appropriate vaccines as specified:
 - 1.1 All male and female school children enrolled in Pre-School and Grade 1 to Grade 7 shall be screened for their measles immunization history. If the child received zero (0) dose of Measles Containing Vaccine (MCV), give two (2) doses of MCV one (1) month apart. If an child received one (1) dose of MCV, give one dose of MCV.
 - 1.2 All male and female school children enrolled in Grade 1 and Grade 7 only shall be vaccinated with one dose of Tetanus-diphtheria (Td) vaccines.
 - 1.3 All 9 to 14 years old, female school children enrolled in Grade 4 shall be vaccinated with 2 doses quadrivalent HPV (6x) 6 months apart.
2. School-based vaccination shall be a FREE routine service to be administered by the health personnel and the schools.
3. Only students with parental/guardian consent shall be vaccinated.
4. In case of zero or 1 dose or vaccination refusal or no immunization card presented, the student shall not be suspended, grounded, nor reprimanded.

SPECIFIC GUIDELINES

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

RHL, MHC for the MCV dose within 2 weeks after the scheduled vaccination in school or as appropriate.

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

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

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

c) Vaccine Storage and Transport

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

d) Immunization Safety

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

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

e) Recording and Reporting of Accomplishment Report

- For each level of vaccination schedule, an appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level.
- Flow of submission of reports (please see attached annexes)

f) Adverse Event Following Immunizations (AEFI)

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

Drug, Site and route of administration	Frequency of administration	Dose (Adult)	Dose (child)
Epinephrine 1:1000, IM to the midpoint	Repeat in every 5-15 minutes as needed until there is resolution	0.5 ml	According to age: 1 year to 5 m

of the anterolateral to meet of the middle 2 nd of the thigh immediately	of the anaphylaxis Note: Persisting or worsening cough associated with pulmonary edema is an important sign of epinephrine overdose and toxicity.	2-6 years: 0.15 ml 6-12 years: 0.5 ml Children >12 years: 0.5 ml
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Note: The needle used for injection needs to be sufficiently long to ensure that epinephrine is injected into muscle. The treatment guide is optional, & countries may practice their own country-specific protocols for self-administration with drugs of choice, steps to be followed and etc.

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

ROLES AND FUNCTIONS

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

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

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

- a. **Disease Prevention and Control Bureau (DPCB)** shall develop the guidelines, policies and standards for school-based immunization in collaboration with the Dept.d, procure the recommended vaccines and corresponding immunization logistics, monitor and evaluate the vaccination, coordinate with key partners and other stakeholders and report to the Secretary of Health as needed.
- b. **Epidemiology Bureau** shall review, revise and incorporate the official recording and reporting forms/tools to include the school-based immunization targets, collect all the accomplishment reports and AEFIs and submit to DPCB and to the Secretary of Health as needed.
- c. **Health Promotion Unit** shall develop the advocacy, communication plans and IEC materials for replication by the Center for Health Development offices
- d. **Bureau of Local Health Development** shall ensure the preparedness and acceptance of the various local government units towards the school vaccinations.
- e. **Center for Health Development (CHD)** shall be responsible for monitoring the school-based immunization at the different public schools. The CHD shall ensure that health workers at the local level have been oriented on the guidelines on SBI.

2. Department of Education (DepEd) shall assist and facilitate for the implementation of the immunization in school. Issue memorandum, about the activity, inform students parents teachers school clinic staff, provide the masterlist of eligible children, screen students at school entry, submit reports to the local health units.
 - a. Health and Nutrition Bureau shall ensure the complete vaccination status of all children entering primary school. It shall also ensure that mothers of all children with incomplete immunization shall be informed of the immunization program being provided by the government. It shall identify and report any case of suspected vaccine-preventable disease, which has met the standard case definitions to the concerned local health units. It shall annually monitor the school entry lists to ensure compliance by all schools and submit annual reports of school compliance to DepEd.
3. Department of the Interior and Local Government (DILG) shall issue a memorandum to all the local chief executives for their active participation to the act, by including the organization of the vaccination teams for deployment to schools and completion of the activity and ensure high immunization coverage per grade level.
4. The Local Government Units (LGUs) – health personnel (doctors, nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals and other centers within the catchment areas.
5. Parents-Teacher Association: Members of the association shall be oriented on the guidelines and raise awareness on school-based immunization.
6. Private Sector/Professional Organization: All health professionals shall ensure that every child student receives the appropriate vaccines and other child health interventions. They shall submit the number of children student immunized in their private clinics and health facilities to the nearest government health centers.

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

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

For your reference and guidance.

Atty. S. Bertrando, MD, MGM, CESO III
Director

School-Based Immunization
RECORDING FORM 1: Masterlist of Students
Masterlist of Kinder 1 to Grade 7 (Except Grade 4)

To be filled up by the Vaccination Team
 MRK _____
 Lot No: _____
 Batch No: _____
 Yd _____
 Lot No: _____
 Batch No: _____

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

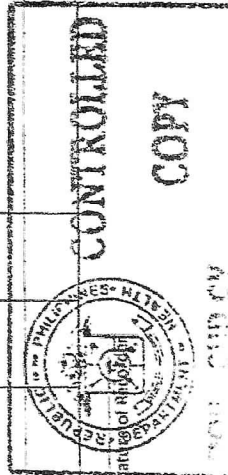
No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Sex	Date of previous MCV received	Parents' Response Slip		History of allergies (food, meds, previous immunization MCV/Td)	Sick today? (fever)	Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y/N)	Date Vaccine Given			Deferred	Refusal	Reasons for Refusal
						Zero dose	MCV 1					MCV 2	MCV 1	MCV 2			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

To be filled up by the School Nurse/Class Monitor

To be filled up by the Vaccination Team

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

Name and Signature of School Nurse/Class Monitor _____



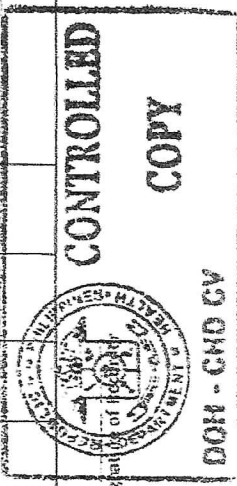
* MCV - Measles, Containing Vaccine (Anti-measles Vaccine (AMV), Measles, Mumps, Rubella (MMR), Measles, Mumps, Rubella (MMR))
 * Td - Tetanus, diphtheria

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

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

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

Sl. No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Date of previous MCV received		Parents' Response Slip		History of allergies (food, meds, previous immunization MCV/Td)	Sick today? (fever)	Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y / N)	Date Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Zero dose	MCV 1	MCV 2	Y					N	MCV 1			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		



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

Name and Signature of Supervisor _____
 * MCV - Measles Containing Vaccine (Anti-measles Vaccine [AMV], Measles, Mumps, Rubella [MMR])
 * HPV - Human Papillomavirus Vaccine



SULAT PAHIBALO

DIVISION: _____
ADDRESS: _____

DATE: _____

STUDENT'S NAME: _____
NAME OF PARENT/ GUARDIAN: _____

STUDENT'S ADDRESS: _____

Tinahod namong mga Ginikanan / Guardian _____

Ang Departamento sa Panglawas inubanan sa Departamento sa Edukasyon ug sa Local nga Pangagamhanan magpasiugda og dakung kalihokan sa pagpamakuna sa atong mga kabataan ug kabatan-onan nga walay bayad batok sa tipdas, tetanus, luas sa kabaw kon Diptheria, ug kanser sa kwelyo sa matris (pinasikad sa DOH Memorandum No. 2015 - 0146 ug DepEd Memorandum No. 173 s. 2017).

Kini nga tulungha-an uban sa lokal nga Buhatan sa Maayong Panglawas mohatag og serbisyo alang sa pagbakuna sa mga tinun-an nga makita sa mga kahon nga gi-markahan sa ubos;

- | | |
|---|--|
| <input type="checkbox"/> Pre-school (para Tipdas) | <input type="checkbox"/> Grades 4 (para tipdas ug kanser sa kwelyo sa matris) |
| <input type="checkbox"/> Grades 2,3,5,6 (para Tipdas) | <input type="checkbox"/> Grades 1 and 7 (para Tipdas, Tetanus ug Lu-as sa kabaw) |

Ipahigayon kini sa tibuok bulan sa Agosto ug Septyembre tuig _____. Kining sulata gipadala aron sa pagpahibalo kaninyo mahitungod sa maong kalihokan. Palihug og marka sa kahon nga makita sa ubos niini nga sulat alang sa inyong tubag sa pag-uyon o dili sa pagpabakuna.

Alang sa dugang pangutana o impormasyon mahitungod niini, palihog sa pagpakisayod sa Principal sa tulunghaan o sa lokal nga Pangagamhanan sa Maayong Panglawas.

Daghang salamat.

Nagpamatuod,

DIR. JAIME S. BERNADAS
REGIONAL DIRECTOR, DOH CV CHD

Juliet A. Jeruta
DIR. JULIET A. JERUTA
REGIONAL DIRECTOR, DEPED CENTRAL VISAYAS

TUBAG / SANONG SA SULAT O PAGTUGOT

Agi og pagsanong sa Sulat Pahibalo mahitungod sa pagahimoong Pamakuna sa tunghaan diin nagtung-ha ang akong anak, ako nakabasa ug nakasabot sa gipahibalo nga pagpamakuna.

- Ako nagatugot nga ang akong anak nga si _____ mabakunahan ug:
(Pangalan sa Bata)
- (Measles Containing Vaccine) para sa Tipdas
 - (Human Papillomavirus Vaccine - 2 doses) batok sa kanser sa kwelyo sa matres
 - (Tetanus Diptheria) para sa Tetano ug Lu-as sa Kabaw

Ako dili motugot nga bakunahan ang akong anak nga si _____ tungod kay _____

Dugang Impormasyon sa bata/estudyante:

Nadawat na nga bakuna batok tipdas:	<input type="checkbox"/> WALA	<input type="checkbox"/> Usa (1 dose)	<input type="checkbox"/> duha (2 doses)
Allergy/ies:	<input type="checkbox"/> WALA	<input type="checkbox"/> Naa	Ug naa, Unsa: _____

Ngalan ug Pirma Sa Magtutudlo

Ngalan ug Pirma sa Ginikanan / Guardian