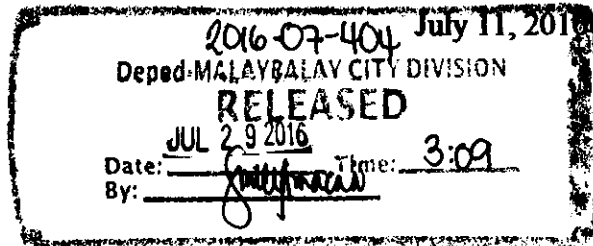




Department of Education
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY



DIVISION MEMORANDUM
No. 395 s. 2016



**DISSEMINATION OF THE SCHOOL-BASED IMMUNIZATION PROGRAM
IMPLEMENTATION IN AUGUST 2016**

To: Chief Education Supervisors and staff-CID and SGOD
Public/Private Elementary and Secondary School Heads
All Others Concerned
This Division

1. In support of the upcoming health activity on August this Office informs the field re: unnumbered Regional Memorandum on Implementation of the School-Based Immunization (SBI) Program. Enclosed is DOH Department Memorandum No. 2015-0146 re: Guidelines on the Implementation of School- Based Immunization for your information and guidance.
2. School Heads are enjoined to facilitate the implementation of this activity with stakeholders and prepare essential immunization forms and records. Moreover, **Grade 1 class advisers shall be advised to retrieve all parents' consent and individual immunization forms among Grade 1 pupils prior to the school activity.**
3. Reports on Immunization program coverage shall be submitted weekly **ATTN: SGOD – Health Unit** while **Final Immunization Program accomplishment reports shall be submitted on September 2, 2016.** Immunization records and forms may be downloaded in the Division website.
4. Widest dissemination and compliance is desired.


EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent





Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
Zone 1 Upper Butulang
Cagayan de Oro City

Tayo
PARA SA
EDUKASYON

Telephone No. (088) 880-7072, 880-7071; email: region10@deped.gov.ph

MEMORANDUM

TO : The Schools Division Superintendents
Heads, Public Elementary and
Secondary Schools

FROM:  **ALLAN G. FARNAZO, CESO IV**
Regional Director

DATE : July 25, 2016

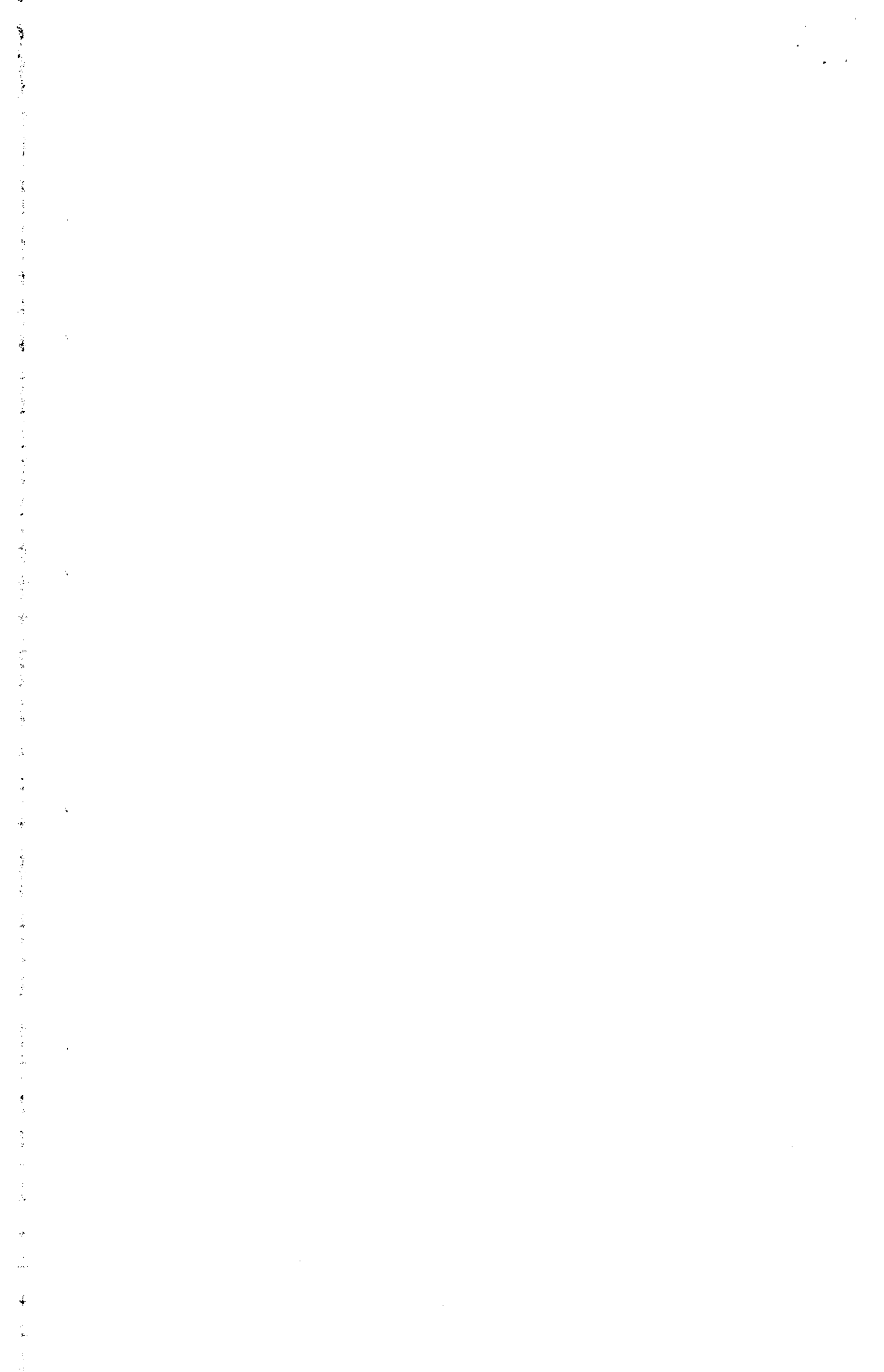
SUBJECT: IMPLEMENTATION OF THE SCHOOL-BASED IMMUNIZATION PROGRAM

1. The Department of Health (DOH) in collaboration with the Department of Education (Dep Ed) and Department of Interior and Local Government (DILG) will conduct School-Based immunization Program this August 2016.
2. Enclosed is the DOH Department Memorandum No. 2015-0146 dated May 20, 2015 re "Guidelines on the Implementation of School-Based Immunization", the contents of which is self-explanatory.
3. School Heads and other school officials are enjoined to provide full support in the conduct of the said activity. School Health Personnel and Health Personnel from DOH and LGUs shall join efforts in the implementation of the program.
4. Immediate and wide dissemination of this Memorandum is desired.

Enclosure.:As stated

C/SMB

OFFICE OF THE
SUPERINTENDENT
CAGAYAN DE ORO CITY
JUL 26 2016
4949



In 2013, school-based adolescent immunization using Measles-Mumps-Rubella (MMR) and Tetanus Diphtheria (Td) vaccines was conducted (78.68% immunization coverage) in selected 19 cities and 15 provinces nationwide where cases of these vaccine preventable diseases were reported. In the same year, HPV immunization was successfully piloted in selected schools covering 10,000 children ages 10-14 years old with the 3-dose regimen of the HPV.

Due to an increasing demand of this catch-up immunization for schoolchildren and adolescents especially among the less priority areas, DOH come up with a routine immunization plans for these mentioned population groups as defined in this guidelines.

II. COVERAGE

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

III. GENERAL GUIDELINES

1. All school children enrolled in Grade 1, Grade 4 and Grade 7 shall be vaccinated with the appropriate vaccines as specified:
 - 1.1 All eligible school children (male and female) should be:
 - a. Screened for their measles vaccination history at the time of school entry and vaccinated if evidences show either zero or only 1 dose to ensure that these students received at least 2 MCV by school entry. (Other missed antigens shall be administered, but optional).
 - b. Administered with one (1) dose of Tetanus-diphtheria (Td) vaccines.
 - 1.2 All 9 to 13 years old, female school children enrolled in Grade 4 shall be vaccinated with 2-dose quadrivalent HPV following the DOH recommended immunization schedule.
 - 1.3 All male and female students enrolled in Grade 7 regardless of age shall be vaccinated with 1 dose each of Measles-Rubella (MR) and Td vaccines on the same immunization session.
2. School-based vaccination shall be a FREE routine service to be administered by the health center catchment and the 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



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 20, 2015

DEPARTMENT MEMORANDUM

No. 2015 - D146

**FOR : ALL UNDERSECRETARIES, ASSISTANT SECRETARIES,
DIRECTORS OF BUREAUS, REGIONAL DIRECTORS,
SERVICES, CHIEFS OF MEDICAL, CENTERS,
SPECIALTY HOSPITALS**

**SUBJECT : Guidelines on the Implementation of School-Based
Immunization**

I. RATIONALE

The Expanded Program on Immunization (EPI) has focused on the provision of free vaccines for infants since 1975. However, protection provided by some of these vaccines will decline over time and booster doses are required to ensure high levels of protection are maintained (for example diphtheria, whooping cough and tetanus). A booster dose anytime after primary series will provide protection over a longer period of time and new vaccines such as the human papillomavirus (HPV) vaccine are more effective if delivered at a specific age. With the availability of newer vaccines (e.g. human papillomavirus (HPV)) and greater attention to providing booster doses of routine vaccines to older children (e.g. DPT, 2nd dose of measles), the school immunization strategy will become even more promising. Thus, it is important that health service providers take every available opportunity to deliver vaccines and start vaccination for the schoolchildren and adolescents enrolled.

The Department of Health (DOH), in collaborations with the Department of Education (DepEd) and Department of Interior and Local Government (DILG) through their various local health units conducted the First National School-Based Adolescent Immunization for the newly introduced vaccines among the students of selected public secondary school in 2013, where high risk and vulnerability, based on behavior and potential for outbreak in school and community were observed. Three (3) vaccines were introduced: the combination Measles Rubella (MR), Tetanus-diphtheria (Td) and the Human Papillomavirus (HPV) vaccines in which MR and Td were introduced as an integral immunization strategy toward the eliminations of measles and tetanus and the control of mumps, rubella and diphtheria, while HPV was introduced as one component in the comprehensive strategy in the prevention of cervical cancer.

IV. SPECIFIC GUIDELINES

a. Vaccination for Grade 1 students by school entrance

- All Grade 1 clinic teachers/school nurses shall issue notification letter of health services to be received by the students including immunization upon enrollment.
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within 1 month after enrollment.
- Clinic teacher shall list all the enrolled students in Grade 1 using Recording Form 1 (Masterlist of Grade 1).
- The teacher in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 to the RHU/MHO.
- **Students with recorded 2 doses of MCV: DO NOT VACCINATE**
- Students with zero dose (0) of MCV or no immunization card: Give the 1st dose of MCV (0.5ml Subcutaneous, right deltoid), and another dose at least 1 month after.
- Student with only 1 dose of MCV: give the MCV dose
- All students shall receive Td 0.5 ml, deep Intramuscular, left deltoid
- Follow-up of Deferred Students for MR vaccines: Teacher-in-charge shall follow-up the deferred students for vaccination but willing to be vaccinated and *refer* to RHU/MHC for the MCV dose within 2 weeks after the scheduled vaccination in school vaccination in school or as appropriate.
- Students who will be referred and vaccinated at the RHU shall be accompanied by the School Nurse and shall be included in the consolidated accomplishment report of the RHU.
- All students who receive the MCV and Td vaccines shall be recorded in Recording Form 1.

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

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

c. Vaccination for Grade 7 Students with Td and MR

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

d. Vaccine Storage and Transport

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

e. Immunization Safety

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

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

f. Recording and Reporting Accomplishment Reports

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

g. Adverse Events Following Immunizations

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

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

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

V. ROLES AND FUNCTIONS

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

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

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

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

- a. **Health and Nutrition Bureau** shall ensure the complete vaccination status of all children entering primary school. It shall also ensure that mothers of all children with incomplete immunization shall be informed of the immunization program being provided by the government. It shall identify and report any case of suspected vaccine-preventable disease, which has met the standard case definitions to the concerned local health units. It shall annually monitor the school entry lists to ensure compliance by all schools and submit annual reports of school compliance to DOH
3. **Department of Interior and Local Government (DILG)** shall issue a memorandum to all the local chief executive for their active participation to the activity including the organization of the vaccination teams for deployment to school and completion of the activity and ensure high immunization coverage per grade level.
 4. **The Local Government Units (LGUs)** - health personnel (MDs, Nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals and other partners within the catchment areas
 5. **Parents-Teachers Association:** Members of the association shall be oriented and raise awareness in the guidelines for school-based immunization.
 6. **Private Sector/Professional Organization:** All health professionals shall ensure that every child/student received the appropriate vaccines and other child health interventions. They shall submit the number of children/student immunized in the private clinics and health facilities to the nearest government health centers.

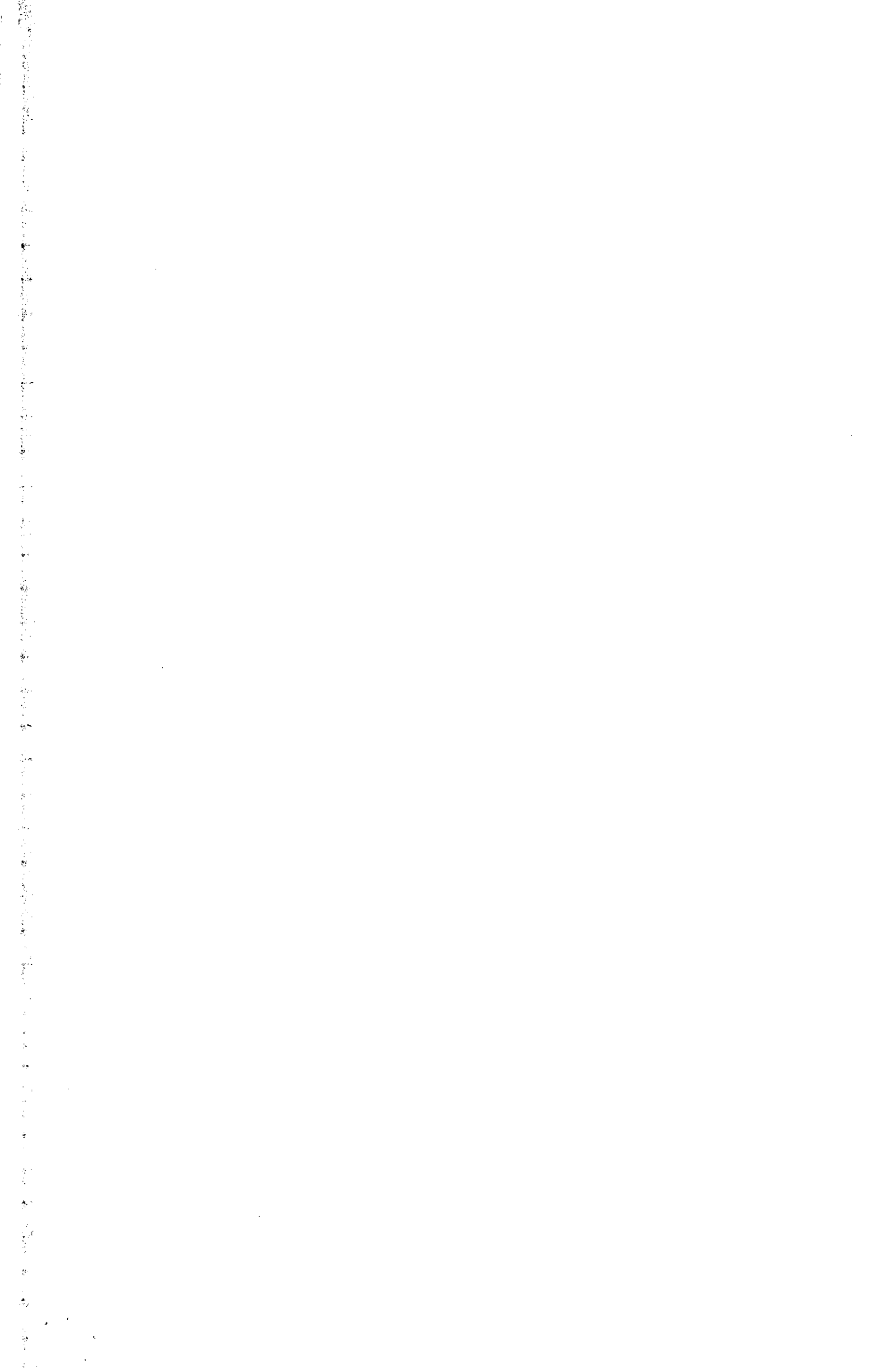
In the event that a national organization convention coincides with the conduct of the national school-based immunization, the members shall be responsible to ensure that all the students shall be provided with the needed intervention.

Private schools may access the vaccines and other logistics provided and submit accomplishment reports to health facility/health office vaccines were taken.

By the Authority of the Secretary of Health:



VICENTE Y. BELIZARIO, JR. MD, MTM&H
Undersecretary of Health
Office for Technical Services



**School-Based Immunization
RECORDING Form 1: Masterlist of Grade 1 Students**

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team

MR _____

Lot No: _____

Batch No: _____

Td _____

Lot No: _____

Batch No: _____

To be filled up by the School Nurse/ Class Adviser

No.	Name (1) (Surname, First Name, MI)	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)	Sick today? (fever, etc)		Vaccine Given			Refusal	Reasons
						Zero dose	MCV 1	MCV2	Y	N		Y	N	MCV1	MCV2	Td		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

School-Based Immunization
RECORDING Form 2: Masterlist of Grade 4 FEMALE Students (9-13 yrs. old)

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

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

<i>To be filled up by the School Nurse/ Class Adviser</i>															
No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response		History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred	Refusal	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
4															
5															
6															
7															
8															
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14															
15															

 Name and Signature of Supervisor

 Name and Signature of Vaccinator 1

 Name and Signature of Vaccinator 2

 Name and Signature of Recorder

 Name and Signature of Recorder

**School-Based Immunization
RECORDING Form 3: Masterlist of Grade 7 Students**

Region: _____

Name of School: _____

Province/City: _____

Division: _____

Section: _____

District/Municipality: _____

Date: _____

To be filled up by the Vaccination Team

MR _____
Lot No: _____
Batch No: _____
Td _____
Lot No: _____
Batch No: _____

To be filled up by the School Nurse/ Class Adviser																	
No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response Slip		History of allergies (food, meds, previous immunization MR/Td)	Sick today? (fever)		Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y / N)	Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Y	N		Y	N			MR (R arm)	Td (L arm)			
1																	
2																	
3																	
4																	
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15																	

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

FLOW AND SUBMISSION OF REPORTS

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