



Republic of the Philippines  
**Department of Education**  
 REGION X - NORTHERN MINDANAO  
 DIVISION OF MALAYBALAY CITY

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 BY: SEP 29 2021

Division Memorandum  
 No. 529 series of 2021

TO : Assistant Schools Division Superintendent  
 Chief Education Supervisors, CID and SGOD  
 Public Elementary and Secondary School Heads  
 All Others Concerned

FROM : **VICTORIA V. GAZO, PhD, CESO V**  
 Schools Division Superintendent

DATE : September 29, 2021

RE : **DISSEMINATION OF OUA MEMORANDUM 00-0921-0236: ADVISORY ON THE IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM FOR SY 2021-2022**

1. This Office hereby informs the field re: **OUA MEMORANDUM 00-0921-0236: ADVISORY ON THE IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM FOR SY 2021-2022**. All concerned DepEd personnel are requested to support the **Community-Based Immunization (CBI)** activity which is led by the DOH. (Please see attached copy of the DOH's Department Order No. 2021-0383 on the implementation of CBI).
2. Widest dissemination and compliance to this memorandum is enjoined.

Encl.:

As stated

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 SGOD-School Health Unit  
 Records Unit



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Republika ng Pilipinas  
**Kagawaran ng Edukasyon**  
Tanggapan ng Pangalawang Kalihim

**OUA MEMO 00-0921-0236**

**MEMORANDUM**

23 September 2021

**For: Regional Directors and BARMM Education Minister  
Schools Division Superintendents  
School Heads  
All Others Concerned**

**Subject: ADVISORY ON THE IMPLEMENTATION OF  
SCHOOL-BASED IMMUNIZATION PROGRAM FOR  
SY2021-2022**

The School-Based Immunization (SBI) Program is implemented through the nationwide provision of Measles Rubella (MR) and Tetanus Diphtheria (Td) vaccines to all Grade 1 and 7 learners and Human Papillomavirus (HPV) vaccine to all female Grade 4 learners aged 9-13 years old.

The implementation of SBI was interrupted in 2020 due to the COVID-19 pandemic wherein physical classes were suspended. This year, the Department of Education (DepEd), in collaboration with the Department of Health (DOH), shall shift the SBI to Community-Based Immunization (CBI). This shall be led by the DOH.

In this regard, the Office of the Undersecretary for Administration (OUA) through the Bureau of Learner Support Services – School Health Division (BLSS-SHD) requests all personnel concerned at regional offices (ROs), schools division offices (SDOs) and schools to support the CBI through the following:

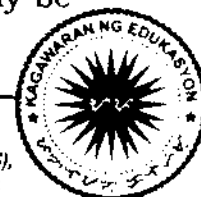
1. provision of the needed Master List of Learners for SY2020-2021 to their respective counterpart LGUs;
2. participation in CBI-related activities of the DOH (e.g., virtual coordination, consultative meetings, orientations, awareness campaigns, etc.); and
3. conduct of health promotion advocacies for teachers, parents and learners through appropriate platforms.

The participation of DepEd personnel shall be voluntary and shall only be assigned under the Fixed Site Administration approach.

**Office of the Undersecretary for Administration (OUA)**

*{Administrative Service (AS), Information and Communications Technology Service (ICTS), Disaster Risk Reduction and Management Service (DRMMS), Bureau of Learner Support Services (BLSS), Baguio Teachers Camp (BTC), Central Security & Safety Office (CSSO)}*

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For health personnel who are entitled to hazard pay, their volunteering days in the CBI shall be counted as working days. This is for them to meet the required number of days to be entitled to the said benefit.

Please note that all personnel involved in related activities are expected to strictly follow minimum public health standards. The DOH shall provide the necessary personal protective equipment (PPE), alcohol, sanitizers, and other disinfectants to ensure their safety.

Kindly refer to the attached copy of the DOH's Department Order No. 2021-0383 on the implementation of CBI.

For more information, queries and concerns on this subject, please contact Dr. Maria Corazon C. Dumlao (Chief Health Program Officer) and Ms. Girlie G. Azurin (Senior Education Program Specialist) of the BLSS-SHD through (+632) 8632 9935 or email at [blss.shd@deped.gov.ph](mailto:blss.shd@deped.gov.ph).

For guidance and compliance.



**ALAIN DEL B. PASCUA**  
Undersecretary



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Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

August 24, 2021

**DEPARTMENT MEMORANDUM**  
No. 2021- 0383

**TO: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; CHIEFS OF MEDICAL CENTERS AND HOSPITALS; ALL LOCAL GOVERNMENT UNITS; AND OTHERS CONCERNED**

**SUBJECT: Guidelines in the Conduct of 2021 Community-Based Measles Rubella—Tetanus Diphtheria Immunization during COVID-19 Pandemic**

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## **I. BACKGROUND**

In 2015, the School-based Immunization (SBI) services was implemented to provide immunity among learners in all public schools nationwide against common vaccine preventable diseases (VPD) such as measles, rubella, tetanus, diphtheria, and human papillomavirus. This strategy formed part of the plan of the National Immunization Program (NIP) to achieve one of its objectives in increasing vaccination coverage among targeted population groups across lifespan.

The succeeding implementation of the SBI contributed to the control of local outbreaks and reduction of VPD transmission among older cohorts. However, the COVID-19 pandemic added complexity to the health system as vaccination coverage continued to decline due to the interruption of routine immunization services and suspension of classes that affected the implementation of school-based health interventions.

To mitigate potential public health crises in the context of COVID-19 pandemic response, the continuity of immunization services among target groups is critical to prevent the spread of VPDs. Thus, continuing the delivery of routine school-based immunization services in the community setting is a critical strategy to address these threats.

## **II. OBJECTIVES**

This issuance aims to provide technical directions in the implementation of the supposed School-based Immunization (SBI) services in the community-setting for 2021.

## **III. GENERAL GUIDELINES**

A. Conduct of the 2021 SBI services providing Measles-Rubella (MR), and Tetanus-diphtheria (Td) vaccines shall be implemented in the community setting in

areas which will not open face-to-face classes. It shall be implemented from September to December 2021.

- B. The Department Memorandum No. 2020-0351 entitled "Interim Guidelines in the Implementation of Human Papillomavirus (HPV) Vaccination amid COVID-19 Pandemic" shall continue to be implemented, provided that HPV vaccine inventory allows.
- C. Infection prevention and control protocols to prevent the spread of COVID-19 shall be strictly observed during the implementation of the activity.
- D. Proper microplanning, coordination, and social mobilization activities shall be undertaken by all local government units (LGUs) and local health workers concerned to ensure the efficiency in managing health resources and prevent misconception of the MR-Td-HPV vaccination with ongoing COVID-19 vaccination.

**IV. SPECIFIC GUIDELINES**

- A. Masterlist shall be populated and compiled by the LGUs and local health care workers. To supplement their masterlist, they shall coordinate with their counterpart School Division Offices (SDOs) of the Department of Education (DepEd) for the masterlist of Grade 1, Grade 4, and Grade 7 learners for School Year 2021-2022.
- B. The LGUs and local health care workers shall include other eligible children not included in the masterlist provided by the SDOs.

Age Group	Vaccine to be given	Dosage
All 6-7 years old	Measles-Rubella (MR)	MR: 0.5mL SQ, Right deltoid
	Tetanus-diphtheria (Td)	Td: 0.5mL, IM, Left deltoid
All 12-13 years old	Measles-Rubella (MR)	MR: 0.5mL SQ, Right deltoid
	Tetanus-diphtheria (Td)	Td: 0.5mL, IM, Left deltoid

- C. All eligible populations for HPV vaccination based on DM No. 2020-0351 shall likewise receive HPV vaccines, provided that HPV vaccine stocks allow.
- D. Co-administration of MR-Td-HPV with other vaccines shall follow standard immunization rules.
  - 1. MR is a live attenuated vaccine while Td and HPV vaccines are inactivated vaccines. Therefore, simultaneous administration is possible with MR and Td.
  - 2. Following standards of immunization, inactivated vaccines Td and HPV can be given at any interval if a previous vaccine is injected to the child (ie. Rabies toxoid or MR vaccine).
  - 3. MR vaccine can be administered:
    - a. 28 days after another live attenuated vaccine (e.g. varicella vaccine) was given, if not given simultaneously/on the same day.
    - b. Anytime after inactivated vaccines (ie. Td and HPV) if not given simultaneously.

- E. Conduct of vaccination may be done through the following strategies/set-up to maximize vaccination uptake, provided strict minimum public health standards and infection prevention and control protocols will be observed at all times by all personnel, may it be from LGU, Department of Health (DOH) or DepEd:
1. Mobilization of mothers and children to come to fixed sites (i.e. BHS, RHU, Health Facility, etc.)
  2. Modified Fixed Post (e.g. gyms, temporary outreach sites in puroks, and schools); provided that area for COVID-19 immunization is separate from the area for community-based immunization (CBI), if applicable
  3. Door-to-door vaccinations
- F. The LGU/CHDs are encouraged to engage the private sectors in their locality for them to reach more older children and adolescents and implement the CBI fluidly.
- G. DepEd personnel may participate in the conduct of CBI. It shall be on a voluntary basis and it shall be done under the fixed-site approach. Volunteers from DepEd shall be included in the list of personnel who shall have their volunteering days counted as part of their work days. Thus, they shall receive hazard pay provided by DepEd on the volunteering days. This list shall be compiled by the DepEd Central Office.
- H. Health workers from LGUs and Regional and Division Focal persons from DepEd shall provide adequate health education and proper information about the vaccines to be given prior to administration in order to prevent confusion with ongoing COVID-19 vaccination services.
- I. Proper coordination with local officials shall be conducted in order to ensure compliance with granular lock-downs/quarantine protocols set-in place. The Regional and Division Focal Persons from DepEd shall also attend these coordination meetings.
- J. Health workers shall strictly observe proper safe injection practices, vaccine cold chain management during handling, storage, and transportation, and in the case management of Adverse Events Following Immunization (AEFI) following guidelines as stipulated in the DOH National Immunization Program Manual of Operations and the DOH Department Memorandum 2015-0146 (Guidelines in the Implementation of School-based Immunization).
- K. All vaccination teams must have standby AEFI Kits and patient transport vehicles to respond to rare AEFIs. Prompt referral to the nearest health facility must be made in such events.
- L. To ensure the smooth implementation, the local health office shall oversee the preparatory activities and the implementation of the vaccination activity.
- M. Regular analysis of the accomplishment reports shall be done at least on a monthly basis to track progress and recalibrate needed strategies to reach at least 95% of the target masterlisted individuals.

- N. All vaccination coverage reports shall be submitted every 30th of the month to the respective Centers for Health Development (CHDs) and SDOs using the following reporting forms (Annex A, available at: <https://tinyurl.com/2021MRTdHPV>):
1. Form 1: Community-based Immunization Implementation Master listing Form (MR-Td 6-7yo)
  2. Form 2: Community-based Immunization Master listing Form (MR-Td 12-13yo)
  3. Form 3: Community-based Immunization Implementation Master listing Form (HPV Females)
  4. Form 4: Community-based Immunization Implementation Consolidation Form (Per Municipality)

## V. ROLES AND RESPONSIBILITIES

### A. The Disease Prevention and Control Bureau shall:

1. Provide technical assistance and capacity building to the CHDs, MOH BARMM, and other stakeholders on the conduct of community-based MR-Td vaccination, and HPV vaccination, in collaboration with professional and civil societies;
2. Ensure the supply of vaccines down to the Local Government Unit (LGU) level throughout the implementation of the conduct of community-based MR-Td vaccination, and HPV vaccination;
3. Monitor and evaluate the implementation of community-based MR-Td vaccination, and HPV vaccination services, outcome indicators;
4. Disseminate the collated reports on community-based MR-Td vaccination, and HPV vaccination coverage to other stakeholders, DILG and DepEd; and
5. Coordinate with the Health Promotion Bureau with regard to increasing the awareness on the conduct of community-based MR-Td vaccination, and HPV vaccination.

### B. The Health Promotion Bureau shall:

1. Continuously develop health promotion and communication plans that is responsive to the current needs of the program especially on importance of completing basic immunization and its different components;
2. Conduct awareness building and promotion of the conduct of community-based MR-Td vaccination; and
3. Evaluate effectiveness of health promotion and communication strategies in promoting the conduct of community-based MR-Td vaccination, and HPV vaccination services to guide evidence-based research and policy making.

### C. The Field Implementation and Coordination Team shall:

1. Oversee and coordinate the dissemination and implementation of the community-based MR-Td vaccination, and HPV vaccination guidelines with Local Government Units (LGUs), the private sectors, civil societies and organizations and other government agencies regarding the catch-up immunization, and
2. Assist in communications from LGUs, the private sectors, civil societies and organizations and other government agencies to the Department of Health Central Office.

**D. The Centers for Health Development and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao shall:**

1. Conduct orientation for concerned stakeholders regarding the policy and advocate for its adoption and implementation;
2. Provide technical assistance and capacity building to LGUs and other partners on the conduct of community-based MR-Td vaccination, and HPV vaccination;
3. Harmonize other partners, including the private sector, to solicit support for immunization program;
4. Ensure intensification of health promotions regarding community-based MR-Td vaccination, and HPV vaccination together with routine immunization services within their area of influence;
5. Conduct analysis of data from Local Government Units and submit timely reports using the reporting tool indicated in Section IV.N; and
6. Evaluate and monitor the implementation of the activity in their respective regions

**E. The Department of the Interior and Local Government shall:**

1. Disseminate the policy to all local government units for strict implementation;
2. Conduct compliance monitoring among local government units and provide necessary support to ensure the implementation of the policy; and
3. Provide feedback to the Department of Health on the issues and concerns encountered in the field implementation in terms of local governance.

**F. The Department of Education shall:**

1. Disseminate the policy to all SDOs for coordination and planning with their respective counterpart LGUs;
2. Provide the needed Master List of Learners for SY 2020-2021 to their respective counterpart LGUs;
3. Inform DepEd personnel in SDOs that they may participate voluntarily in the conduct of fixed-site approach community-based immunization and that the volunteer days shall be counted as working days, thus hazard pay will be given; and
4. Conduct health promotion advocacies on community-based immunization.

**G. The Local Government Units shall:**

1. Conduct community-based MR-Td vaccination, and HPV vaccination within their area of influence in accordance to the guidelines set by DOH;
2. Provide localized support to counterpart implementing health units such as MPHS resources (ie. masks, faces shields and hand alcohol to all HCWs and volunteers), collaterals and other things needed for the implementation of the policy;
3. Develop strategies for conduct of community-based MR-Td vaccination, and HPV vaccination specific to their area of jurisdiction;
4. 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
5. Submit timely reports to the DOH, DepEd, and DILG for monitoring and tracking of progress of implementation.


**H. Professional medical and allied medical associations, academic institutions, non-government organizations, development partners and the private sector**



shall support the implementation of the community-based MR-Td vaccination, and HPV vaccination and disseminate it to the areas of their influence.

**VI. EFFECTIVITY**

This Department Memorandum shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health

ANNEX A. Reporting Form for 2011 Community-based MR-Td Immunization

Community-based Immunization Activity  
**RECORDING Form 1: MR-Td (6-7 Years Old)**

Region: \_\_\_\_\_  
 Province/CHY: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

**To be filled up by the Vaccination Team**

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	History of allergies (food, meds, previous immunization)	Sick today/ (fever)		Date of Vaccine Given		Deferred (D)/ Refused (R)	Vaccinated (V)/ Vaccinated Refusal (VR)	Remarks
							Y	N	MR	Td			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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14													
15													

\_\_\_\_\_  
 Name and Signature of Supervisor

\_\_\_\_\_  
 Name and Signature of Vaccinator 1

\_\_\_\_\_  
 Name and Signature of Recorder

\_\_\_\_\_  
 Name and Signature of Vaccinator 2

\_\_\_\_\_  
 Name and Signature of Recorder

**Community-based Immunization Activity  
RECORDING Form 2: MR-Td (12-13 Years Old)**

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

**To be filled up by the Vaccination Team**

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of Vaccine Given		Deferred (D)/ Refused (R)	Vaccinated (V)/ Vaccinated Refusal (VR)	Remarks
							Y	N	MR	Td			
1													
2													
3													
4													
5													
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10													
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13													
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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: \_\_\_\_\_

**Community-based Immunization Activity  
 RECORDING Form 3: HPV Masterlist of FEMALE 9-14 years old**

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

No.	Name (1) (Surname, First Name, MI)	Complete Address (Z)	Date of birth MM/DD/YY	Age	History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred (D)/Refused (R)	Vaccinated (V)/Deferred (VD)/Vaccinated Refusal (VR)	Remarks
						Y	N	1st dose	2nd dose			
1												
2												
3												
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\_\_\_\_\_  
 Name and Signature of Supervisor

\_\_\_\_\_  
 Name and Signature of Vaccinator 1

\_\_\_\_\_  
 Name and Signature of Recorder

\_\_\_\_\_  
 Name and Signature of Vaccinator 2

\_\_\_\_\_  
 Name and Signature of Recorder





**Annex B: Citations**

Interim Guidelines in the Implementation of Human Papillomavirus (HPV) Vaccination amid COVID-19 Pandemic (2020). Retrieved from <https://dmas.doh.gov.ph:8084/Rest/GetFile?id=656508>

Guidelines in the Implementation of School-based Immunization (2015). Retrieved from <https://dmas.doh.gov.ph:8084/Rest/GetFile?id=354601>