



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

DA - 2021-11-098
 DEPED MALAYBALAY CITY DIVISION
 RELEASED
 DATE: 11/11/2021 TIME: 12:45 pm
 BY: [Signature]

Division ADVISORY
 No. 098 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 : November 11, 2021

RE : **DISSEMINATION OF MEMORANDUM NO. 256, S. 2021:
 IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM
 FOR SY 2021-2022**

1. This Office hereby informs the field on **MEMORANDUM NO. 256, S. 2021: IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM FOR SY 2021-2022.**
2. For Widest dissemination.

Copy Furnished:
 SGOD-School Health Unit
 Records Unit



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City
 Telefax No.: 088-314-0094; Telephone No.: 088-813-1246
 Email Address: malaybalay.city@deped.gov.ph



Republic of the Philippines
PROVINCE OF BUKIDNON
Malaybalay City Bukidnon

2021- 42170
DEPED MALAYBALAY CITY DIVISION
RECEIVED
DATE: NOV 8 2021
BY: [Signature]

OFFICE OF THE PROVINCIAL GOVERNOR

MEMORANDUM

No. 256, s. 2021

DATE : November 8, 2021

TO : **DEPARTMENT OF EDUCATION – DIVISION OF BUKIDNON**
: **DEPARTMENT OF EDUCATION – DIVISION OF MALAYBALAY CITY**
: **DEPARTMENT OF EDUCATION – DIVISION OF VALENCIA CITY**
: **ALL CITY/MUNICIPAL MAYORS**
: **MUNICIPAL HEALTH OFFICERS**
Province of Bukidnon

FROM : **HON. JOSE MA. R. ZUBIRI, JR.**
Provincial Governor

SUBJECT : **IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM FOR SY 2021-2022**

Attached herewith is the Department of Interior and Local Government Memorandum Circular No. 2021-124, which provides for the guidelines in conducting the 2021 School-Based Measles Rubella, Tetanus Diphtheria Immunization during COVID-19 Pandemic.

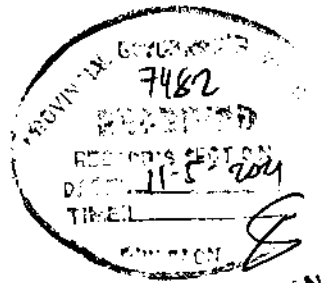
Anent thereto, all Schools Division Superintendents and the City and/or Municipal Mayors along with the City/Municipal Health Officers within their respective jurisdiction are hereby enjoined to coordinate with each other to conduct the school-based immunization following the guidelines provided by the DILG.

For your guidance and compliance.

HON. JOSE MA. R. ZUBIRI, JR.
Provincial Governor

By:


ATTY. PAUL VINCENT G. VILLEGAS
Provincial Legal Officer
OIC – Provincial Administrator

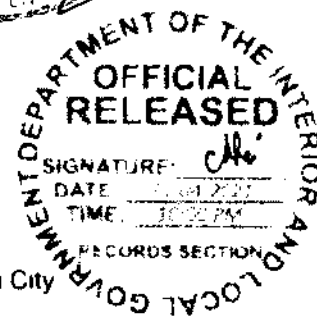


DILG - Region 10
RECORDS UNIT

RECEIVED

2021-11-05 8:12 am
Date Time

By: IVY GELDA S. SOMO
Records Unit Head



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
DILG-NAPOLCOM Center, EDSA cor. Quezon Avenue, West Triangle, Quezon City

MEMORANDUM CIRCULAR
No. 2021-124

TO : ALL PROVINCIAL GOVERNORS, CITY/MUNICIPAL MAYORS, MEMBERS OF THE LOCAL SANGGUNIANG PUNONG BARANGAYS, THE BARMM CHIEF MINISTER, AND THE MINISTER OF LOCAL GOVERNMENT, DILG REGIONAL DIRECTORS, AND OTHERS CONCERNED

SUBJECT : GUIDELINES ON THE CONDUCT OF 2021 COMMUNITY BASED MR-TD-HPV IMMUNIZATION DURING COVID-19 PANDEMIC PER DOH MEMORANDUM ORDER NO. 2021-0383

DATE : Nov 04, 2021

1. Background

1.1. In 2015, the school-based immunization strategy was launched to provide booster doses against measles, rubella, tetanus, diphtheria, and human papillomavirus with the aim of ensuring high levels of protection against these vaccine preventable disease (VPDs) among schoolchildren and adolescents. However, the COVID-19 pandemic disrupted the delivery of routine immunization services and suspension of classes affected the implementation of school-based health interventions.

1.2. The Department of Health (DOH) has issued Department Memorandum No. 2021-0383 entitled "Guidelines in the Conduct of 2021 Community-Based MR-Td-HPV Immunization during COVID-19 Pandemic". The issuance aims to prevent the spread of VPDs and ensure continuity in the provision of immunization services targeted for school age children (aged 6-7 years old) and adolescents (aged 12-13 years old) by utilizing community-based strategy in areas where face-to-face classes are not possible with target date for implementation in September 2021.

1.3. Pursuant to Part V [F] of the DOH Memorandum No. 2021-0383, the DILG shall:

1.3.1. Disseminate the policy to all local government units for strict implementation;

- 1.3.2. Conduct compliance monitoring among local government units and provide necessary support to ensure the implementation of the policy; and
 - 1.3.3. Provide feedback to the Department of Health on the issues and concerns encountered in the field implementation in terms of local governance.
- 1.4. Pursuant to Part V [G] of the DOH Memorandum No. 2021-0383, the LGUs shall:
- 1.4.1. Conduct community-based MR-Td vaccination, and HPV vaccination within their area of influence in accordance to the guidelines set by DOH;
 - 1.4.2. Provide localized support to counterpart implementing health units such as MPHS resources (i.e., masks, faces shields and hand alcohol to all HCWs and volunteers), collaterals and other things needed for the implementation of the policy;
 - 1.4.3. Develop strategies for the conduct of community-based MR-Td vaccination, and HPV vaccination specific to their area of jurisdiction;
 - 1.4.4. 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
 - 1.4.5. Submit timely reports to the DOH, DepEd, and DILG for monitoring and tracking of progress of implementation.

2. Scope/Coverage

Provinces, Cities, Municipalities and Barangays, local Sanggunian at all levels, DILG Regional Offices, and the BARMM Ministry of the Interior and Local Government.

3. Policy Content and Guidelines

3.1. General Guidelines

- 3.1.1. 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**.
- 3.1.2. The DOH Memorandum No. 2020-0351 entitled "Interim Guidelines in the Implementation of Human Papillomavirus (HPC) Vaccination amid COVID-19 Pandemic" shall continue to be implemented, provided that HPV vaccine inventory allows.
- 3.1.3. Infection prevention and control protocols to prevent the spread of COVID-19 shall be strictly observed during the implementation of the activity.
- 3.1.4. 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.

3.2. Specific Guidelines

3.2.1. The 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.

3.2.2. 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

3.2.3. All eligible populations for HPV vaccination based on DM No. 2020-0351 shall likewise receive HPV vaccines, provided that HPV vaccine stocks allow.

3.2.4. Co-administration of MR-Td-HPV with other vaccines shall follow standard immunization rules.

3.2.5. MR is a live attenuated vaccine while Td and HPV vaccines are inactivated vaccines. Therefore, simultaneous administration is possible with MR and Td.

3.2.6. 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).

3.2.7. 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. Any time after inactivated vaccines (ie. Td and HPV) if not given simultaneously.

- 3.2.8. 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:
- a. Mobilization of mothers and children to come to fixed sites (i.e. BHS, RHU, Health Facility, etc.)
 - b. 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
 - c. Door-to-door vaccinations
- 3.2.9. 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.
- 3.2.10. 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.
- 3.2.11. 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.
- 3.2.12. 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.
- 3.2.13. 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)
- 3.2.14. 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.

3.2.15. To ensure the smooth implementation, the local health office shall oversee the preparatory activities and the implementation of the vaccination activity.

3.2.16. 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.

3.2.17. 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/2021MRTAHPYV>):

- a. Form 1: Community-based Immunization Implementation Master listing Form (MR-Td 6-7yo)
- b. Form 2: Community-based Immunization Master listing Form (MR-Td 12-13yo)
- c. Form 3: Community-based Immunization Implementation Master listing Form (HPV Females)
- d. Form 4: Community-based Immunization Implementation Consolidation Form (Per Municipality)

4. Effectivity

This Memorandum Circular shall take effect immediately.

3. Approving Authority


EDUARDO M. AÑO
Secretary

BLGS/VPS/OD/as
BLGS-2021-09-20-027

