

**INTERIM NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP FOR  
COVID-19 VACCINES**

**RESOLUTION NO. 1**

*Series of 2021*

“**WHEREAS**, on 30 January 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19), a disease caused by a novel Severe Acute Respiratory Syndrome - Coronavirus2 (SARS-CoV2), as a Public Health Emergency of International Concern (PHEIC)”.

“**WHEREAS**, the Philippines since January 2020, has been responding to the COVID-19 pandemic and has implemented numerous interventions in response to the pandemic”.

“**WHEREAS**, the National Government intends to introduce safe and effective COVID-19 vaccine to:

- a) reduce morbidity and mortality while maintaining the most critical essential services;
- b) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others;
- c) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and
- d) responsibly resume social and economic day-to-day operations and activities.

“**WHEREAS**, the Interim National Immunization Technical Advisory Group for COVID-19 vaccines adhere with the guiding principles of Transparency, Timing, Equity, Solidarity, Trust and Priorities”;

“**NOW, THEREFORE, BE IT RESOLVED** that the Interim National Immunization Technical Advisory Group for COVID-19 vaccines adopts the following recommendations:

1. Prioritization of population groups for vaccination shall be based on previously agreed criteria. To ensure alignment with the vision of the COVID-19 vaccination program to reduce mortality and preserve health system capacity; and to safeguard compliance with prioritization in the context of scarcity of COVID-19 vaccine supply – iNITAG unanimously reiterates that:
  - a. The priority population groups as follows:
    - i. A1: Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc.
    - ii. A2: Senior citizens aged 60 years old and above

- iii. A3: Persons with comorbidities not otherwise included in the preceding categories
  - iv. A4: Frontline personnel in essential sectors including uniformed personnel and those in working sectors identified by the IATF as essential during ECQ
  - v. A5: Indigent population not otherwise included in the preceding categories
  - vi. B1: Teachers, Social Workers
  - vii. B2: Other Government Workers
  - viii. B3: Other essential workers
  - ix. B4: Socio-demographic groups at significantly higher risk other than senior citizens and indigenous people
  - x. B5: Overseas Filipino Workers
  - xi. B6: Other Remaining Workforce
  - xii. C: Rest of the Filipino population not otherwise included in the above groups
- b. *Provided that*, any specific inclusion and exclusion criteria of each vaccine, as reflected in the respective Emergency Use Authorization of the Food and Drug Administration, or recommendations from the Health Technology Assessment Council shall be considered.
- c. Selection of geographic areas of sub-prioritization shall be based on (i) COVID-19 burden of disease (current active cases, attack rate per 100,000 population in the past 4 weeks, and population density); and (ii) vaccination site and/or Local Government Unit readiness, in particular, its supply chain capability, to mount a vaccination campaign.
- d. Further sub-prioritization may be performed as based on (i) exposure risk or (ii) mortality risk, with the following specifications on certain population groups:
- i. For all workers in facilities directly providing health care services for patients with COVID-19 are prioritized, in the following order of precedence, *Provided that*, sub-prioritization within each group may be done in accordance with (a) historical admission of COVID-19 cases and (b) allocated and occupied COVID-19 beds:
    - 1. COVID-19 referral hospitals designated by the Department of Health

2. Hospitals providing COVID-19 care, starting from level 3 hospitals, and from DOH, then LGU, then private hospitals
  3. Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc);
  4. Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases;
  5. City Health Offices, Rural Health Units and Barangay Health Stations;
  6. Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified dealing with COVID-19 cases, contacts, and specimens for research, screening and case management;
  7. Closed institutions such as nursing homes
- ii. Other methods of sub-prioritization for other priority groups may be further developed as the need arises.
2. To provide guidance on the proposed allocation of the first tranche of Pfizer BioNTech COVID-19 (BNT162B2) vaccines intended for health care workers, and reported to be arriving within the month of February 2021, it is reiterated that the allocation framework in Section 3.c.i. of this Resolution, be followed:
- a. All COVID-19 Referral Hospitals in the National Capital Region, as referenced in the Department of Health Department Circular No. 2020-0322, with the subject, “Reiteration on the Referral of Coronavirus Disease 2019 (COVID-19) Cases to the Appropriate Treatment Facilities”, specifically, UP-Philippine General Hospital, Dr. Jose N. Rodriguez Memorial Hospital, the Lung Center of the Philippines, San Lazaro Hospital, Amang Rodriguez Memorial Medical Center, Research Institute for Tropical Medicine, Jose R. Reyes Memorial Medical Center, Quirino Memorial Medical Center, East Avenue Medical Center, Dr. Fe Del Mundo Medical Center, Philippine Heart Center, National Kidney and Transplant Institute.
  - b. Given their role in their respective geographic areas, select COVID-19 Referral Hospitals in Visayas and Mindanao, specifically, Vicente Sotto Memorial Medical Center for Visayas, and Southern Philippines Medical Center for Mindanao.
  - c. Other DOH-owned hospitals, specialty hospitals and regional hospitals based in NCR, specifically, Rizal Medical Center, Tondo Medical Center, Dr. Jose Fabella Memorial Hospital, National Center for Mental Health, Valenzuela

Medical Center, National Children's Hospital, Philippine Children's Medical Center, San Lorenzo Ruiz General Hospital, Las Pinas General Hospital and Satellite Trauma Center, and Philippine Orthopedic Center;

- d. Level 3 hospitals owned by Local Government Units, specifically Pasig City General Hospital, Ospital ng Makati, Quezon City General Hospital, Pasay City General Hospital, Ospital ng Maynila.
  - e. Other government-owned hospitals such as Level 3 AFP and PNP-owned hospitals;
  - f. Select Level 3 hospitals in the National Capital Region that are not owned by the Local Government Units or National Government, and prioritized based on the historical total number of admitted confirmed COVID-19 cases as sourced from the COVID Kaya information system, namely St. Luke's Medical Center - Quezon City, St. Luke's Medical Center - Bonifacio Global City, Makati Medical Center, and The Medical City.
  - g. *Provided that*, the hospitals mentioned in Section 2.e. and 2.f. of this Resolution will be allocated subject to availability of vaccine supply.
  - h. *Provided that*, these hospitals, through their medical center chiefs ensure the following: (1) no duplication of personnel, particularly on health professionals providing services in multiple health facilities, with attestation to the health facility where these individuals intend to be vaccinated and (2) availability of sufficient ultra low cold chain equipment in their facility.
  - i. *Provided that*, medical and nursing clerks and interns, and other students who directly provide care as part of their education within these hospitals be included in the allocation.
  - j. *Provided that*, hospitals not included in this first tranche of vaccination may engage as observers of the end to end vaccination process of the pilot hospital sites.
  - k. *Provided that*, the National Government ensures clarity in communicating the criteria used and consistency in the narrative for the choice of hospital recipients in this first tranche of allocation.
3. The national government shall pool the available vaccine supply, and first ensure that vaccinations have been provided to the identified priority groups, especially workers in frontline health facilities and senior citizens before disbursement of vaccines to persons included in the master list of local government units (LGUs) and the private sector.
  4. In developing the process flow of citizens who will undergo vaccination against COVID-19, the timing of the conduct of health profiling, asking for informed consent,

screening for acute symptoms prior to actual conduct of vaccination must be addressed. In balancing the objectives of upholding individual safety of vaccine recipients, minimization of wastage of vaccine supplies, operational feasibility, and efficient coverage of administration of vaccine, the body specifically recommends the following:

- a. The process flow begins with the masterlisting of the patient, which shall include the gathering of salient information to guide the health care provider whether the vaccine recipients have pertinent risks that warrant further clinical, screening or diagnostic examination.
  - b. Recipients who warrant further examination, or hereby termed as *special population groups* consistent with the guidance of reputable institutions (e.g. US-CDC<sup>1</sup>) in identifying conditions at increased risk for severe COVID-19, shall have the conduct of health profiling, asking for informed consent, screening for acute symptoms, before the day of vaccination. Professional medical societies are enjoined to develop clinical practice guidelines or decision algorithms for special population groups.
  - c. For persons not belonging to the special population groups, they may have their health profiling, provision of informed consent, and screening on the same day of vaccination. The Philippine Society for Microbiology and Infectious Diseases is requested to develop decision algorithms to guide health care professionals for the general population who will follow this process.
5. To aid in the completion of immunization for vaccines that necessitate two doses, and in monitoring potential adverse effects, vaccine recipients are recommended to receive a physical vaccination card with the standardized format set by the National Government, whether it be preprinted, handwritten, or printed, with unique identifiers, such as a quick response code, that will be linked to existing databases of the National Government which contain pertinent demographic information and the specific type of vaccines given, provided that, salient provisions of the Data Privacy Act of 2012 are respected.

**RESOLVED** during the 5th and 6th Meeting of the Interim NITAG for COVID-19 Vaccine, as reflected in the minutes of the meeting, held on February 1 and February 3, 2021 via video conference

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<sup>1</sup> Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Available at [https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s\\_cid=mm695152e2\\_w#suggestedcitation](https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w#suggestedcitation)

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