**INTERIM NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP FOR COVID-19 VACCINES**
**RESOLUTION NO. 2**
*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:

a) Pre-registration in the PhilSys or National ID system as a prioritization criteria for the general population (priority group C) is not recommended due to equity and ethical considerations of favoring individuals with access to internet or registration facilities. Additionally, cognizant of the current timeline for the country's vaccination program, the decision for the integration of the PhilSys system to the vaccination efforts is recommended to be deferred until a clear operational plan together with the possible incentives for the vaccination program is presented by the Philippine Statistics Authority.

b) Absolute contraindications stated in the Emergency Use Authorizations (EUA) issued by the Philippine Food and Drug Administration for a specific vaccine shall be adopted by this body when recommending guidelines for its use. The ONLY current contraindication to COVID-19 vaccination is an allergy to a previous dose of COVID-19 vaccine and any of its components (Position Statements of the

Philippine Society of Allergy, Asthma, and Immunology On COVID-19 Vaccines and their Adverse Reactions, Feb 1, 2021).

c) Given the novelty of the vaccines to be deployed in the immunization program, individuals belonging to special populations, such as the immunocompromised and senior citizens with special conditions (i.e. bedridden, those who are in a vegetative state, and those with limited life expectancy), must obtain clearance from their attending physician prior to vaccination following a risk-based approach. The DOH along with appropriate medical societies should provide guidance to physicians in performing standardized patient assessment to determine suitability for vaccination.

d) Guidelines for health screening for vaccination shall follow clinical practice guidelines of medical societies, which should be regularly updated based on best available evidence. The recommendations from the Philippine Society for Microbiology and Infectious Diseases (PSMID) including recommendations from NITAG are adopted to develop the interim decision algorithm for the COVID-19 vaccination program:

   **a. Persons falling under the following categories <u>should not be vaccinated</u>:**
      i. Age < 16 years old
      ii. Specific to mRNA vaccines, allergic to Polyethylene Glycol (PEG) and/or polysorbate
      iii. Severe allergic reactions after the first dose of the vaccine

   **b. Vaccination of persons falling under the following categories <u>should be deferred and rescheduled until resolution of specific conditions:</u>**
      i. Persons presenting with symptoms such as fever/chills, headache, cough, colds, sore throat, myalgia, fatigue, weakness, loss of smell/taste, diarrhea, shortness of breath/ difficulty in breathing, and rashes shall be referred to a physician for clinical evaluation. These individuals may be vaccinated with the COVID-19 vaccine only after full recovery from the acute illness as deemed by their attending physician based on current management guidelines.
      ii. Persons with a history of exposure to a confirmed or suspected COVID-19 case in the past 2 weeks may be vaccinated only after completion of the 14-day quarantine period.
      iii. Persons who have been diagnosed with COVID-19 in the past 90 days may be vaccinated after 90 days from the last day of treatment.
      iv. Persons who received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days may be vaccinated after 90 days from the last day of plasma/ monoclonal antibody treatment.

v. Women belonging to Priority A1 of workers in frontline health facilities who are in their first trimester of pregnancy may be vaccinated after the first trimester.
vi. Persons who received any other type of vaccine in the past 2 weeks should be rescheduled after completion of two weeks interval.

c. Immunocompromised persons under the following category shall consult their attending physician or a primary care provider to obtain clearance prior to vaccination for appropriate patient education on the risks and benefits of vaccination. Specific qualifiers indicated shall be considered in the assessment of the health care worker.
i. For persons with autoimmune disease, if the patient is in remission.
ii. For persons living with HIV, if the patient's current CD4 count is low and if the patient is on treatment.
iii. For persons with cancer or malignancy, if the patient is undergoing or have immediate plans for chemotherapy, or is in remission.
iv. For transplant patients, if the patient is on immunosuppressants or in remission.
v. For persons who use steroids, if the dose and duration of steroid use is more than 2 weeks or dose is higher than 20 mg daily for prednisone.
vi. For elderly who are bedridden, in a vegetative state, or with poor prognosis such as those with limited life expectancy of less than 6 months.

d. Additional precautions must be implemented to the following:
i. Persons with a history of bleeding disorders or currently taking anticoagulants should be vaccinated using a gauge 23-25 syringe. Firm pressure shall be applied after vaccination to avoid formation of a hematoma.
ii. Persons with a previous history of anaphylaxis, with allergies to food, egg, medicines, and persons experiencing asthma shall be observed for 30 minutes after vaccination.
iii. Persons who do not meet any of the criteria otherwise stated shall be observed for 15 minutes after vaccination.

e. Persons falling under the following categories may be vaccinated with the COVID-19 vaccine:
i. Breastfeeding women
ii. Persons who received immune globulins

e) Vaccine recipients shall sign two (2) copies of the one (1) page informed consent - one copy shall be provided to the patient and one for the facility. To ensure that the document is understandable by vaccine recipients, the informed consent shall be written in simplified language and translated to local languages by the Centers for

Health Development. Information on adverse events and other vaccine details shall be carefully worded and written to ensure that the vaccine recipients understand these important information. The IATF, NTF, and DOH logos shall be placed on top of the informed consent. This document shall be made available online so that vaccine recipients may download it in advance and sign it on the day of vaccine administration after dialogue with the vaccine administrator. The Informed Consent shall contain the following pertinent information:

a. Statement specifying that the vaccine recipient understands that the vaccine is an investigational drug and that they were shown the fact sheet of the EUA;
b. Statement declaring that the vaccine recipients were assessed using the health screening form to ensure that those who are at risk will be managed and referred appropriately;
c. Name of the specific facility or the primary care provider that the vaccine recipient may contact or visit for follow up after vaccination in case of any symptoms; and
d. Statement disclosing that all data collected throughout the COVID-19 vaccination program will be used for public health purposes.

5. The use of liability waivers to indemnify manufacturers and other relevant stakeholders such as the Philippine Government is **NOT recommended due to the possibility of contributing to vaccine hesitancy**. However, recognizing that the said document might be essential to complete supply agreements with the COVAX facility or other vaccine manufacturers, the Bureau of International Health Cooperation and the DOH Legal Service shall coordinate with concerned government offices to finalize a document that is **reasonable, ethical, and fair to all stakeholders.**

6. In order to minimize vaccine wastage and prevent distribution of previously allocated vaccines to non priority groups, vaccination sites shall prepare a quick substitution list (QSL) consistent with the principle of prioritizing and protecting those who are most at risk due to exposure.

    a. To ensure accuracy of the allocation plan, and in consideration of possible non-attendance of potential recipients -- each eligible health facility should submit an officially endorsed number of staff for vaccination consistent with Priority A1. This QSL should include students and temporary workers. It must be ascertained that the potential recipients in the QSL are not registered in other facilities .

    b. The facility and staff for the QSL should be pre-identified with officially documented rationale for choice of facility. Hospitals shall ensure that the identified QSL facility is not part of those also eligible to receive vaccines in the current batch.

c. Geographical zoning should be implemented in development of pre-identified quick substitution lists such as through districts within the National Capital Region, by province/ highly urbanized city, or independent component city, or other mechanisms in consideration of vaccine storage and travel time. Prioritization for vaccine quick substitution list for priority group A1 shall follow this recommended order:
    i. COVID-19 referral hospitals;
    ii. Hospitals with COVID-19 cases
        1. Level 3 DOH Hospitals
        2. Level 3 Other Government Hospitals
        3. Level 3 Private Hospitals
        4. Level 2 DOH Hospitals
        5. Level 2 Other Government Hospitals
        6. Level 2 Private Hospitals
        7. Level 1 DOH Hospitals
        8. Level 1 Other Government Hospitals
        9. Level 1 Private Hospitals
    iii. Temporary Treatment and Monitoring Facility (TTMF) for quarantine/ isolation;
    iv. Other hospitals such (i.e. military hospitals);
    v. Community facilities (i.e. Rural Health Units (RHUs);
    vi. Standalone and other facilities; and
    vii. Closed health institutions.

d. In cases of non-attendance during the vaccination day, the vaccination site should first attempt to vaccinate other pre-identified staff for priority population A1 within the facility which are scheduled on different days. After exhausting the said list, the site can then tap the recipients from the predetermined quick substitution list. Vaccinating the next priority groups such as A2 for senior citizens and A3 for adults with comorbidities, or hospital patients belonging to these categories shall be allowed only as final resort. No hospital patient with active disease should be vaccinated.

7. To develop and secure QSL consistent with the prioritization framework, the DOH through Field Implementation and Coordination Team, shall ensure frequent updating and coordination directly with eligible institutions and vaccination sites. Recommended documentations on validated numbers of eligible population and QSL should be strictly requested prior to allocation.

8. Foreigners/ Expatriates belonging to the priority populations such as but not limited to senior citizens and persons with comorbidities shall be included in vaccine allocation consistent with their priority group. Likewise, a standardized appeal process for prioritization shall be developed by the DOH and NITAG to address the concerns of

different stakeholders who do not belong to the initial priority list requesting for immediate vaccination.

9. The Department of Health through the Health Promotion Bureau shall implement an aggressive information drive on COVID-19 vaccination. These information campaigns shall target stakeholders including vaccinators, allied healthcare workers, vaccine recipients, and implementers. Campaigns shall include dissemination of materials on the Emergency Use Authorization of vaccines, vaccine side effects, adverse events, and other important information that shall be made clear to the public. The difference between causality and coincidence must also be emphasized to allay the fears of those who are hesitant to be vaccinated.

10. To ensure the overall alignment of the country's vaccination program, regular updates of policy directives shall be cascaded regularly to all implementing sites across the country.

**RESOLVED** during the ___ Meetings of the Interim NITAG for COVID-19 Vaccine, as reflected in the minutes of the meeting, held on February 8 and February 9, 2021 via video conference

**APPROVED BY:**

**[SGD]**

**MAY MONTELLANO, MD**
Interim National Immunization Technical Advisory Group

**[SGD]**

**EDDIE DOROTAN, MD, MPA**
Interim National Immunization Technical Advisory Group

**[SGD]**

**NINA CASTILLO-CARANDANG, PhD**
Interim National Immunization Technical Advisory Group

**[SGD]**

**SHELLEY DELA VEGA, MD, MSc**
Interim National Immunization Technical Advisory Group

**[SGD]**

**MARIA CONSORCIA QUIZON, MD**
Interim National Immunization Technical Advisory Group

**[SGD]**

**MARY ANN BUNYI, MD**
Interim National Immunization Technical Advisory Group

**[SGD]**

---

**MINETTE ROSARIO, MD**
Interim National Immunization Technical
Advisory Group