



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

April 08, 2021

**DEPARTMENT MEMORANDUM**

No. 2021 - 0175

**FOR: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO); EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND OTHER CONCERNED OFFICES**

**SUBJECT: Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines and Additional Guidelines for Sinovac Vaccine Implementation**

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The Department Memorandum 2021 - 0099 or the “Interim Omnibus Guidelines on the Implementation of the National Vaccine and Deployment Plan for COVID-19 Vaccination” highlighted the COVID-19 vaccination as one of the major strategies to complement the existing measures and practices to mitigate the spread and reduce morbidity and mortality due to COVID - 19.

On April 7, 2021 the Philippines' Food and Drug Administration (FDA) updated the use of the Sinovac COVID-19 vaccine to allow vaccination on senior citizens, acknowledging the urgent need to protect senior citizens from severe disease and death, and considering the concerns on the availability of COVID-19 vaccines and the current transmission rate. However it was emphasized that there should be careful evaluation of the health status and exposure risk of the patient concerned to ensure the benefits outweigh the risk, with special attention to vaccine recipients who are hypertensives.

**A. Additional General Guidelines on the National Deployment and Vaccination Plan for COVID-19 Vaccines**

1. COVID-19 Vaccination remains an essential strategy to complement the existing implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategies, which is the cornerstone of the country’s response to prevent further transmission. Vaccination and information dissemination activities should highlight the value and necessary actions to fully implement the PDITR strategies across all settings, whether at home, in communities, workplaces, and in the vaccination site.
2. Interim guidelines for the National COVID-19 Vaccination and Deployment Program are updated constantly depending on the availability of evidence and real world experiences. The Task Group on Immunization Program and Task Group on Strategic Communications shall ensure continuous updating and cascade of new policy

directions to implementers and the general public.

3. Given the essential role of vaccination for protection against COVID-19 severe disease and death, and its benefits against risks, all implementing guidelines of the National COVID-19 Vaccination and Deployment Plan shall be interpreted in favor of improving the speed and scale of implementation of the vaccination program.

## **B. Further Clarifications on the Vaccination Site Implementing Guidelines**

### **1. On deferment guidelines**

- a. Section III E.5 of Department Circular No. 2021-0157 is amended for simplification that all vaccine recipients who contracted COVID-19 may be vaccinated after recovery or completion of treatment, whether for first or second dose, without restarting the vaccine dose schedule.
- b. For vaccine recipients whose second dose shall be delayed due to deferment guidelines, the second dose may be provided immediately after the prescribed periods in the deferment guidelines without a maximum time interval, unless otherwise indicated.
- c. Only patients presenting with sBP > 180 and/or dBP >120 with signs and symptoms of organ damage (Hypertensive Emergency) should be deferred for vaccination. These patients shall be referred to the physician on duty at the vaccination site, and brought to the emergency room immediately. Other eligible vaccine recipients who do not meet blood pressure cutoffs for hypertensive emergency or target organ damage shall be vaccinated. LVOCs shall ensure appropriate equipment and techniques are used to measure blood pressure in vaccination sites.
- d. Pregnant and lactating women may be offered vaccination if they belong to the priority groups. Pregnant women in the first trimester shall not be vaccinated.

### **2. On medical clearance and certification**

- a. Medical clearance and certification is not a requirement for vaccination except for the following comorbidities - autoimmune disease, HIV, cancer/malignancy, transplant patients, undergoing steroid treatment, and patients with poor prognosis/bedridden patients.
- b. Only cancer patients who are currently undergoing chemotherapy, radiotherapy, or immunotherapy, need medical clearance and certification prior to vaccination. Cancer survivors who are diagnosed as recovered do not need to present medical clearance and may be vaccinated.
- c. To ensure eligibility for Priority Group A3: Adults with Controlled Comorbidities, any of the following may be provided as proofs of comorbidity to the vaccination site:
  - i. Medical certificate from an attending physician;
  - ii. Prescription for medicines;

- iii. Hospital records such as the discharge summary and medical abstract;
- iv. Surgical records and pathology reports.
- v. Any other proof that may indicate eligibility to Priority Group A3

This provision is further clarified that the proofs of comorbidity do NOT need to indicate that the comorbidity is controlled to be eligible for vaccination.

- d. Examples of conditions under Priority Group A3 are summarized below. Other disease conditions not included below but belong to the general category of conditions are also eligible under Priority Group A3.

Included conditions	Examples
Chronic respiratory disease and infection	Asthma and respiratory allergies, Chronic Obstructive Pulmonary Disease, Interstitial Lung Diseases, Cystic Fibrosis, or Pulmonary Hypertension, Pulmonary Tuberculosis, Chronic bronchitis, Histoplasmosis, Bronchiectasis
Cardiovascular disease	hypertension coronary heart diseases, cardiomyopathies, peripheral artery disease, aortic diseases, rheumatic heart disease, congenital heart disease
Chronic kidney disease	
Cerebrovascular disease	Stroke and transient ischemic attack
Cancer	Malignancy
Diabetes Mellitus	Type 1 and Type 2
Obesity	
Neurologic disease	Dementia, Alzheimer's Disease, Parkinson's Disease, Epilepsy and Seizures, Bell's palsy, Guillan-Barre Syndrome, or acute spinal cord injury
Chronic liver disease	Hepatitis cirrhosis, non-alcoholic fatty liver disease
Immunodeficiency state	Genetic immunodeficiencies, secondary or acquired immunodeficiencies (i.e. prolonged use of corticosteroids), HIV infection, Solid organ or blood transplant patients
Other diseases	Sickle cell disease, Thalassemia or Down Syndrome

3. Informed consent shall only be obtained once, prior to administration of the first dose. A separate informed consent is not necessary on the administration of the second dose of vaccine.
4. On post-vaccination reminders and follow up
  - a. LGUs and vaccination sites shall provide post-vaccination reminders and home instructions to all vaccine recipients physically as handouts, electronically, or through SMS-based reminders that shall include the following key messages:
    - i. The need to continuously implement minimum public health standards after vaccination including wearing of face masks and shields, maintaining physical distancing, hand hygiene, seeking consult and immediate quarantine or isolation if exposed or with symptoms, among others.
    - ii. Second dose schedule and reminders
    - iii. Mechanisms to report any adverse event after immunization to the vaccination site or the LGU
    - iv. Initial treatment or management for common adverse events
    - v. Contact information or location for consultations or referrals

Sample post-vaccination reminders are available at [bit.ly/RESBAKUNAMaterials](https://bit.ly/RESBAKUNAMaterials)
  - b. In designing local mechanisms of monitoring, LVOCs shall follow the minimum frequency of prompts or follow-up from the vaccine: one (1) week, two (2) weeks, one (1) month, three (3) months, six (6) months, and twelve (12) months after the date of vaccination. LVOCs may use more frequent intervals of monitoring depending on their capacity and agreements with the vaccination sites.
5. As indicated in Section III. B.1 of Department Memorandum No. 2021-0157, larger sites that allow for efficient and safe vaccination operations and compliance to minimum public health standards are preferred.
  - a. Provided vaccination site standards are met and mechanisms for immediate management and referral to designated facilities in the health care provider network are in place, vaccination outside of health facilities and with more participation of non-health care workers during vaccination are preferred to decongest hospitals and workload of healthcare workers to focus on health care management for COVID-19 and AEFI.
  - b. Vaccination sites shall ensure compliance to standards on maximum capacity, ventilation, engineering controls such as barriers and sectioning, availability of hand washing station, wearing of face masks and appropriate PPE.
6. The Vaccine Cluster and LGUs shall maximize efforts to ensure appropriate reach of Priority Group A1, A2, and A3 especially in high burden areas as identified by DOH or the Interagency Task Force for Emerging and Infectious Disease (IATF-EID), before proceeding to simultaneous implementation in succeeding priority groups.

**C. Additional Guidelines and Amendment to Department Memorandum 2021 - 0114 or the “Guidelines on the Management and Administration of the Initial 600,000 Donated SARS-COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses”.**

1. Sinovac vaccine shall be allowed to be given to the elderly population (60 years old and above) provided there is careful evaluation of health status and exposure risk to

ensure that benefits of vaccination outweigh the risks, especially regarding vaccines who are hypertensives.

2. Senior citizens with history of hypertension, signs of organ damage, or is deemed warranted based on the clinical judgement of the primary care provider or attending physician of the vaccination site shall have their vital signs monitored prior to vaccination. Only senior citizens in hypertensive emergency defined in Section B Subsection 1-b shall be deferred for vaccination.
3. Especially for implementation of Sinovac vaccination in elderly hypertensives, appropriate post-vaccination AEFI monitoring preparations are reiterated for management of hypertensives, such as the following:
  - a. Preparation of on-site AEFI kits for immediate management
  - b. Pre-coordination with referral hospitals on the immediate transfer of patients in hypertensive urgency and emergency
  - c. Implementation of endorsed management guidelines of the Joint Statement of the PHA and the PSH on Elevated Blood Pressure Readings During COVID-19 Vaccination.
4. Local Vaccination Operations Centers (LVOCs) shall implement enhanced passive surveillance of adverse events following immunization from vaccine recipients, reiterated below, with special priority to adults above 60 years of age:
  - a. LVOCs shall develop, simulate, and implement enhancements to the current passive surveillance for AEFIs to standardize the local safety surveillance and response system within their jurisdiction, in terms of the mechanisms and frequency of reporting, regular monitoring of vaccine recipients, and encouraging them to report to the designated health care providers.
  - b. To encourage reporting of the health status, and capturing AEFIs from the vaccine recipients, LVOCs shall set up their own local mechanisms for the monitoring of well or sick vaccine recipients to be followed by all vaccination sites. Examples include:
    - i. Workplace nudges (e.g Email reminders, In-house reporting system)
    - ii. App-based monitoring
    - iii. SMS prompts (e.g. Tanod-COVID)
    - iv. Hotlines (e.g. ONELINE Center)
    - v. Physical Visit (e.g. house-to-house)
  - c. To facilitate monitoring of the cohort of vaccine recipients of Sinovac, among adults above 60 years of age, vaccination sites shall regularly provide a linelist of all vaccine recipients to their LVOCs.
  - d. LVOCs shall ensure that all vaccination sites counsel and educate all their vaccine recipients are provided post-vaccination reminders and counselled on self-care for common adverse events.
  - e. LVOCs shall ensure that all AEFIs detected from local monitoring mechanisms are captured to ensure prompt signal detection, timely case investigation, and causality assessment. The following processes are

emphasized:

- i. Vaccination sites and non-hospital health care shall report AEFIs to local epidemiology and surveillance units (ESU) within their jurisdiction.
  - ii. Local ESUs and hospital ESUs shall encode their reports through their accounts in VigiFlow, the national AEFI surveillance system.
  - iii. Reporting guidelines stated in Department Circular No. 2021-0101, with the subject "Clarification on Provisions of Department Memorandum 2021-0099 entitled the Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19" shall still remain in effect and be followed.
- f. Regional Vaccination Operations Centers (RVOC) shall ensure that the LVOCs develop, recalibrate, and implement their microplans to include an enhanced passive surveillance of AEFIs within their jurisdiction. This may be done through desk review of reports, key informant interviews, and other mechanisms to ensure adequate preparation and continued implementation of LVOCs.
- g. The National Vaccination Operations Center shall regularly monitor the actions and outputs of the RVOCs to ensure that LVOCs enhance or implement the enhanced passive surveillance of AEFIs, with special priority to adults above 60 years of age.

For dissemination and strict compliance.

By Authority of the Secretary of Health:

  
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