



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 20, 2015

DEPARTMENT MEMORANDUM

No. 2015 - 0146

**FOR : ALL UNDERSECRETARIES, ASSISTANT SECRETARIES,
DIRECTORS OF BUREAUS, REGIONAL DIRECTORS,
SERVICES, CHIEFS OF MEDICAL CENTERS,
SPECIALTY HOSPITALS**

**SUBJECT : Guidelines on the Implementation of School-Based
Immunization**

I. RATIONALE

The Expanded Program on Immunization (EPI) has focused on the provision of free vaccines for infants since 1975. However, protection provided by some of these vaccines will decline over time and booster doses are required to ensure high levels of protection are maintained (for example diphtheria, whooping cough and tetanus). A booster dose anytime after primary series will provide protection over a longer period of time and new vaccines such as the human papillomavirus (HPV) vaccine are more effective if delivered at a specific age. With the availability of newer vaccines (e.g. human papillomavirus (HPV)) and greater attention to providing booster doses of routine vaccines to older children (e.g. DPT, 2nd dose of measles), the school immunization strategy will become even more promising. Thus, it is important that health service providers take every available opportunity to deliver vaccines and start vaccination for the schoolchildren and adolescents enrolled.

The Department of Health (DOH), in collaborations with the Department of Education (DepEd) and Department of Interior and Local Government (DILG) through their various local health units conducted the First National School-Based Adolescent Immunization for the newly introduced vaccines among the students of selected public secondary school in 2013, where high risk and vulnerability, based on behavior and potential for outbreak in school and community were observed. Three (3) vaccines were introduced: the combination Measles Rubella (MR), Tetanus-diphtheria (Td) and the Human Papillomavirus (HPV) vaccines in which MR and Td were introduced as an integral immunization strategy toward the eliminations of measles and tetanus and the control of mumps, rubella and diphtheria, while HPV was introduced as one component in the comprehensive strategy in the prevention of cervical cancer.

IV. SPECIFIC GUIDELINES

a. Vaccination for Grade 1 students by school entrance

- All Grade 1 clinic teachers/school nurses shall issue notification letter of health services to be received by the students including immunization upon enrollment.
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within 1 month after enrollment.
- Clinic teacher shall list all the enrolled students in Grade 1 using Recording Form 1 (Masterlist of Grade 1).
- The teacher in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 to the RHU/MHO.
- **Students with recorded 2 doses of MCV: DO NOT VACCINATE**
- Students with zero dose (0) of MCV or no immunization card: Give the 1st dose of MCV (0.5ml Subcutaneous, right deltoid), and another dose at least 1 month after.
- Student with only 1 dose of MCV: give the MCV dose
- All students shall receive Td 0.5 ml, deep Intramuscular, left deltoid
- Follow-up of Deferred Students for MR vaccines: Teacher-in-charge shall follow-up the deferred students for vaccination but willing to be vaccinated and *refer* to RHU/MHC for the MCV dose within 2 weeks after the scheduled vaccination in school or as appropriate.
- Students who will be referred and vaccinated at the RHU shall be accompanied by the School Nurse and shall be included in the consolidated accomplishment report of the RHU.
- All students who receive the MCV and Td vaccines shall be recorded in Recording Form 1.

b. Vaccination for Grade 4, Female, 9 -13 years o

- All 9-13 years old female students in Grade 4 *with parental/guardian consent* shall be vaccinated with 2-doses of the quadrivalent Human Papilloma Virus (HPV) vaccine in the designated immunization posts in all public schools.
- All students shall receive HPV 0.5 ml, Intramuscular, left deltoid arm
- All students who received the first dose of HPV and shall be given the second dose after 6 months
- All students who receive the HPV vaccine shall be recorded in Recording Form 2

f. Recording and Reporting Accomplishment Reports

- For each level of vaccination schedule, an appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level.
- Flow of submission of Reports (*please see attached annexes*)
- Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office after 2 weeks

g. Adverse Events Following Immunizations

- Fear of injections resulting to fainting has been commonly observed in school immunization. Thus it is recommended that the vaccination sites are situated in areas not conspicuous to the students. Immunization session shall be conducted after recess to ensure that these eligible students have taken their snacks/food to rule-out fainting secondary to hypoglycemia.
- The schools shall identify a medical team responsible for management and response of any AEFI. This can be coordinated with the local health unit, with the province/city/municipality for the schedule of the immunization in schools.
- The existing DOH guidelines in AEFI investigation, recording and reporting shall be used for this purpose.
- *Anaphylaxis Response Kit:* The availability of protocols, equipment and drugs necessary for the management of anaphylaxis should be checked before each vaccination session. An anaphylaxis response kit should be on hand at all times and should contain the following:
 - > Epinephrine 1:1000 (minimum of three ampules – check expiry dates)
 - > Minimum of three 1 mL syringes and 25 mm length needles (for intramuscular [IM] injection)
 - > Cotton swabs
 - > Pen and paper to record time of administration of epinephrine
 - > Copy of epinephrine doses
 - > Copy of 'Recognition and treatment of anaphylaxis'
- Give epinephrine as indicated:

Drug, Site and route of administration	Frequency of administration	Dose (Adult)	Dose (child)
Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the middle 3 rd of the thigh immediately	Repeat in every 5-15 min as needed until there is resolution of the anaphylaxis <i>Note: Persisting or worsening cough associated w/ pulmonary edema is an important sign of epinephrine overdose & toxicity</i>	0.5 ml	According to age; < 1 years: 0.05 ml 2-6 years: 0.15 mL 6-12 years: 0.3 mL Children >12 years: 0.5 ml

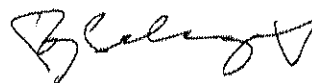
*Note: The needle used for injection needs to be sufficiently long to ensure that epinephrine is injected into muscle. This treatment guide is optional & countries may practice their own country-specific protocols for treatment of anaphylaxis with drugs of choice, steps to be followed and etc.

- a. **Health and Nutrition Bureau** shall ensure the complete vaccination status of all children entering primary school. It shall also ensure that mothers of all children with incomplete immunization shall be informed of the immunization program being provided by the government. It shall identify and report any case of suspected vaccine-preventable disease, which has met the standard case definitions to the concerned local health units. It shall annually monitor the school entry lists to ensure compliance by all schools and submit annual reports of school compliance to DOH
3. **Department of Interior and Local Government (DILG)** shall issue a memorandum to all the local chief executive for their active participation to the activity including the organization of the vaccination teams for deployment to school and completion of the activity and ensure high immunization coverage per grade level.
 4. **The Local Government Units (LGUs)** - health personnel (MDs, Nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals and other partners within the catchment areas
 5. **Parents-Teachers Association:** Members of the association shall be oriented and raise awareness in the guidelines for school-based immunization.
 6. **Private Sector/Professional Organization:** All health professionals shall ensure that every child/student received the appropriate vaccines and other child health interventions. They shall submit the number of children/student immunized in the private clinics and health facilities to the nearest government health centers.

In the event that a national organization convention coincides with the conduct of the national school-based immunization, the members shall be responsible to ensure that all the students shall be provided with the needed intervention.

Private schools may access the vaccines and other logistics provided and submit accomplishment reports to health facility/health office vaccines were taken.

By the Authority of the Secretary of Health:



VICENTE Y. BELIZARIO, JR. MD, MTM&H
Undersecretary of Health
Office for Technical Services

School-Based Immunization RECORDING Form 2: Masterlist of Grade 4 FEMALE Students (9-13 yrs. old)

Region: _____ Name of School: _____ Section: _____
 Province/City: _____ Division: _____
 District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
 HPV
 Lot No: _____
 Batch No: _____

No.	Name (1) (Surname, first Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parent's Response		History of allergies (food, med, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred	Refusal	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
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14															
15															

Name and Signature of Supervisor _____

Name and Signature of Vaccinator 1 _____

Name and Signature of Vaccinator 2 _____

Name and Signature of Recorder _____

Name and Signature of Recorder _____

