



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 6, 2013

DEPARTMENT MEMORANDUM

No. 2013 - 0291

**FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES,
DIRECTORS OF BUREAUS, CENTER FOR HEALTH AND
DEVELOPMENT (REGION VII AND NCR), SERVICES,
CHIEFS OF MEDICAL CENTERS, SPECIALTY HOSPITALS
AND OTHER CONCERNED**

**SUBJECT: GUIDELINES IN THE IMPLEMENTATION OF HUMAN
PAPILLOMAVIRUS (HPV) VACCINATION IN SELECTED
SCHOOLS**

I. RATIONALE

Cervical cancer remains a public health concern that continues to threaten the welfare and well-being of women and the population as a whole. It is the second most common cancer among women worldwide and is the leading cause of cancer-related deaths among women in the majority of developing countries. It affects relatively the young women and results in many lost years of life. In 2000, it was estimated that about 2.7 million age-weighted years of life worldwide were lost due to the disease. (Scott Wittet a, Vivien Tsu. Cervical Cancer Prevention and the Millennium Development Goals, WHO). Cervical cancer deaths have significant economic costs and impact heavily on the families' resources. The biggest impacts of cervical cancer are on poverty, education, and gender equity - the first three (3) Millennium Development Goals (MDGs) the Philippines and the other 189 countries aim to achieve by 2015.

The 2010 Cancer Facts and Estimates (GLOBOCAN 2008) of the Philippine Cancer Society Incorporated (PCSI) based on data from Rizal Province and Manila Cancer Registry showed that cervical cancer is the third leading cause of mortality among females in the general population. Cervix is the second most common cancer site and gradually decreases over the years. According to the Filipino cancer registry 2005 annual report, the incidence of cervical cancer remained stable from 1980 to 2005, with an annual age-standardized incidence rate of 22.5 cases per 100,000 women. In 2005, there were 7,277 new cases of cervical cancer, with 3,807 reported deaths. The overall 5-year survival rate was 44% and mortality rate was 1 per 10,000 women.

Cancer prevention is an action taken to lower the chance of getting cancer. There are different ways to prevent women from developing cervical cancer. These include (i) undergoing routine screening (Visual Inspection using Acetic Acid or Pap Test); (ii) adoption of healthy lifestyle practices; (iii) undergo cryotherapy to treat a pre-malignant condition or to keep cancer from starting and (iv) HPV vaccination. While adopting a healthy lifestyle

practices would help, vaccination against HPV remains the primary prevention against cervical cancer. However, HPV vaccination is not a substitute for the routine cervical cancer screening using the Pap Test or VIA in the low-resource health settings.

Human Papillomavirus (HPV) is responsible for the vast majority of cases of cervical cancer. Most sexually active women and men are infected with HPV at some point in their lives, with maximum risk of exposure in young adults between 15 and 24 years of age.¹ Genital infection with HPV is one of the most common sexually transmitted infections today. The incidence of genital warts in particular is highest amongst adolescents and young adults ages 16-24 years old. In most cases, HPV infections are transient due to virus clearance by the host immune system. In approximately 20% of HPV cases, HPV infections will persist for several years and may progress to cervical cancer and other HPV-related diseases such as anal, penile, vulvar and vaginal cancers as well as cancers in the back of the throat including base of tongue and tonsils.

According to 2009 Human Papillomavirus WHO position paper, models predict that vaccination programs for young adolescent females (defined as being roughly with the range of 10-13 years) will substantially reduce the incidence of cervical cancers associated with vaccine-related HPV types if coverage is high (>70%) and vaccine-induced protection lasts for ≥ 10 years. Considerable reductions in incidence may also be expected for the less frequent cancers of the vagina, vulva, anus, and head and neck associated with HPV 16 and HPV 18. Depending on assumptions related to vaccination and screening programs, vaccination could reduce the lifetime risk of cervical cancer by 35-80%.

Since HPV vaccines are prophylactic, the largest impact of vaccination is expected to result from high coverage of young adolescent girls before their first sexual encounter rather than from vaccinating older females. Maximum benefit from HPV vaccination may be obtained in adolescent females because they have not yet been exposed to HPV and they mount the highest immune response to vaccination.¹

¹ 2009 WHO Position Paper on HPV

II. POLICY STATEMENT

Immunization is a basic right of children whereby no child shall be deprived of this right. The State regards children as one of the most important assets of the nation and therefore, every effort should be exerted to promote their welfare and full development of their potentials crucial to the attainment of improved quality of life, contribution to the nation's productivity and prosperity and avoidance of vaccine-preventable diseases.

Administrative Order 34-A, s 2000, the Adolescent and Youth Health (AYH) Policy was issued in April 2000, creating the Adolescent and Youth Health Sub-program under the Program for Children's Health Cluster of Family Health. It envisions "well-informed, empowered, responsible and health adolescents and youth" and has a mission to "ensure that all adolescents and youth have access to quality comprehensive health care and services in an adolescent & youth- friendly environment".

III. SCOPE AND COVERAGE

This guideline covers the implementing procedure on Human Papillomavirus (HPV) vaccination that fall under the selection criteria as follows:

- Grade 5 female learners within the age range of 10-14 years old in the selected schools (see Annex A)
- With approved written parental/guardian notification
- Not currently pregnant (during the duration of the project)
- No hypersensitivity to Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine or any of its components
- Temperature should not be >38.7 Centigrade

IV. PROJECT OBJECTIVE

To provide DOH a local experience of introducing the life-saving HPV vaccine using a school-based approach

V. DEFINITION OF TERMS

1. Adolescent – refers to young people between the ages of 10 and 19 years who are in transition from childhood to adulthood (RA 10354)
2. Human Papilloma virus (HPV) – most common sexually transmitted infection that can lead to cervical cancer and other HPV-related diseases.
3. HPV Vaccine – a recombinant vaccine containing virus-like particles intended for prophylactic use
4. Adverse Event Following Immunization – any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccines. The adverse event may be an unfavorable or unintended sign, abnormal laboratory finding, symptom or disease.
5. Safe Injection Practice – Those public health practices and policies which ensure that the process of injection carries the minimum of risk, regardless of the reason for the injection or the product injected.
6. Vaccine Reaction – An event caused or precipitated by the active component or one of the other components of the vaccine (e.g. adjuvant, preservative or stabilizer). This is due to the inherent properties of the vaccine.
7. Visual Inspection using Acetic Acid (VIA) – an alternative screening test to see any abnormalities in the cervix using 3-5% acetic acid (vinegar)
8. School-based HPV vaccination – an initiative of the Department of Health that aims to have a local experience in introducing HPV vaccination using a school-based approach

VI. GENERAL GUIDELINES

A. Areas of Implementation

HPV vaccination shall be introduced in selected public schools located in Region VII, CAR and a private school located in Region VII. (see Annex A).

B. Targets of Vaccination and Type of HPV Vaccine to be given

QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE shall be given among Grade 5 learners who are within the age range of 10-14 years old in the selected schools.

Merck Sharp & Dohme (MSD) will provide full dose totaling to 30,000 doses of QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE for an estimated 10,000 girls.

C. Immunization Schedule

QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE is given at baseline and again after 2 months and 6 months. A minimum interval of 4 weeks between the first and second dose, and a minimum interval of 12 weeks between the second and third dose, are recommended.

Dose 1: Upon contact with the learner
Dose 2: Two (2) months after the first dose
Dose 3: Six (6) months after the first dose

For this demonstration project, the following schedules and timelines shall be followed:

First Dose	Second Dose	Third Dose
September 2013	November 2013	March 2014

Note: A quick health assessment prior to vaccination must be done to all vaccinees (see Annex B, Form 2: Master List of All Eligible Female Students)

D. Dosage, Route of Administration and Site of Vaccine Administration

Dosage	Route of administration	Site of administration
0.5ml	Intramuscular	Deltoid region of the Left upper arm

E. Vaccine Information

1. Type of Vaccine

There are two types of vaccine to prevent HPV: (i) bivalent and (ii) quadrivalent vaccines. The first type is given to females only and protects against HPV 16 and 18. The other type is given to both males and females and protects against HPV 6, 11, 16 and 18. It can also prevent some vaginal and vulvar cancers, and genital warts. The Philippine Foods and Drug Administration (FDA) has licensed the vaccines as safe and effective. Both vaccines were tested in thousands of people around the world. As with all vaccines, WHO and FDA continue to monitor the safety of these vaccines very carefully. The vaccine does not contain any live virus.

For this project, vaccine to be used is QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE that protects against Human Papillomavirus (HPV)-related diseases caused by serotypes 6, 11, 16 and 18.

This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar, or vaginal cancers.

This vaccine will not protect against diseases that are not caused by HPV. As for any vaccine, vaccination with QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE may not result in protection in all vaccine recipients.

2. Proper Use of Vaccine

The vaccine should be used as supplied; no dilution or reconstitution is necessary. The full recommended dose of the vaccine should be used.

Shake well before use. Thorough agitation immediately before administration is necessary to maintain suspension of the vaccine.

3. Proper storage and handling of Vaccine

Store refrigerated at temperatures between 2 to 8°C. Do not freeze. Protect from direct light.

QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE should be administered as soon as possible after being removed from refrigeration.

4. Contraindications

Individuals with hypersensitivity to any of the components of the vaccine should not receive further doses of QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE.

5. Precautions

General

As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine.

Syncope (fainting) may follow any vaccination, especially in adolescents and young adults. Syncope, sometimes associated with falling, has occurred after vaccination with QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE. Therefore, vaccinees should be carefully observed for approximately 30 minutes after administration of QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE.

The decision to administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. Low-grade fever itself and mild upper respiratory infection are not generally contraindications to vaccination.

6. Vaccine Side Effects and Vaccine Reaction

The vaccine-related adverse experiences that were observed among recipients of QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE at a frequency of at least 1.0% and also at a greater frequency than that observed among placebo recipients are listed according to frequency and system organ class.

Most Common and Other Selected qHPV AEFI in the US

AEFI		Rate Per 100,000 Doses
Syncope		8.2
Local reaction*		7.5
Dizziness		6.8
Nausea		5.0
Headache		4.1

Hypersensitivity Reaction **	3.1
Urticaria	2.6

* include injection site abscess, injection site abscess sterile, injection site atrophy, injection site cyst, injection site desquamation, injection site hemorrhage, injection site hypersensitivity, injection site inflammation, injection site mass, injection site necrosis, injection site nodule, injection site edema, and injection site pain

** include anaphylactic reaction, anaphylactic shock, anaphylactoid reaction, cross-sensitivity reaction, dermographism, hypersensitivity, urticaria, urticaria thermal, and urticaria vesicular

Reference: Slade, B. et al. Postlicensure Safety Surveillance for Quadrivalent Human Papillomavirus Recombinant Vaccine. JAMA, August 19, 2009—Vol 302, No. 7

The following injection-site reactions occurred at a greater incidence in the group that received QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE compared with either the amorphous aluminum hydroxyphosphate sulfate adjuvant-containing or the saline placebo group: Very common: erythema, pain, and swelling. Common: pruritus, and bruising.

Most injection-site reactions were mild to moderate.

In addition, bronchospasm was reported very rarely as a serious adverse experience.

7. Safety Injection Practices

Auto-disabled syringes are equipment of choice and designed to prevent unsafe injection practices. This shall be discarded after use in a puncture – proof container and shall be disposed by burying or other improved means of effective, safe and environmentally acceptable waste disposal as recommended in the EPI.

F. Recording and Reporting

The main recording and reporting tools are the following: (Annex B: List of Recording Forms)

Recording Forms:

Form 1: Parental Notification and Consent

This serves as a note to the parents/guardians of the learners for their approval to have their daughter/_____ receive three doses of qHPV vaccine. Such form shall be collected by the teacher two days before the vaccination day. (see Annex B – Form 1)

Form 2: Master List of All Eligible Female Students

This form lists the names of learners per section in Grade 5 level. Same list shall be used to record the vaccines administered. This shall be kept by the school clinic. (see Annex B, Form 2)

Form 3: Immunization Card for Vaccinated Adolescents

Record the date the HPV vaccines were administered. Give to the vaccinated learners and advise to keep the card and bring it during the next vaccination schedule. (see Annex B, Form 3)

Reporting Forms:**Form 4. School Consolidated Accomplishment Form**

This records the number of learners vaccinated for HPV per section including those learners missed for vaccinations and reasons why missed. The focal immunization person in the school shall submit this report to their respective provincial or city or municipal health office. (see Annex B, Form 4)

Form 5. Line List of Adverse Event Following Immunization

This records the list of vaccinated learners with adverse event following immunization (AEFI) (see Annex B, Form 5). This should be attached to Form 4: School Consolidated Accomplishment Form when submitted.

Form 6. Provincial/City Accomplishment Form

This records the consolidated report for each province or municipality/city as submitted by each participating school. This form shall be submitted to your respective DOH Center for Health Development office (Region VII and Region CAR). (see Annex B, Form 6)

Form 7. Regional Consolidated Accomplishment Form

This records the consolidated report on the number of learners given with HPV vaccine in the region. This form shall be submitted to DOH Central Office (see Annex B, Form 7)

G. Reporting of Adverse Events Following Immunization (AEFI)

Reporting of AEFI shall follow the DOH Issuance Administrative Order No. 2010-0017, "Guidelines in Surveillance and Response to Adverse Events Following Immunization (AEFI)."

VII. IMPLEMENTING MECHANISM**Roles and Responsibilities****A. Department of Health (DOH)**

- a. Cancer Prevention and Control Program focal person, Degenerative Disease Office, National Center for Disease Prevention and Control (DOH NCDPC-DDO)
 - i. Coordinates with the EPI and Adolescent Health Program Managers in the development of immunization policies and guidelines
 - ii. Coordinates with RITM
 - iii. Coordinates and supervises the overall immunization activity
 - iv. Coordinates with NEC for any reported AEFI cases
 - v. Prepares the vaccine allocation list
 - vi. Ensures timely distribution of HPV vaccines to the CHDs
 - vii. Sets up a speakers bureau
 - viii. Orients regional NCD, EPI and Adolescent coordinators and other stakeholders on the immunization activity
 - ix. Analyzes and feedbacks the accomplishment reports of the immunization activity – monitoring
 - x. Coordinates with partners (Department of Education, MSD, National Youth Commission, School administration and Parent-Teachers

Association officers, World Health Organization, local government units)

- xi. Prepares final report of the project
- b. National Center for Health Promotion
 - i. Develop and implement a communication plan in relation to the immunization activities for the HPV vaccination in close coordination with NCDPC
 - ii. Develop and implement the national AEFI risk communications plan, including addressing myths, misconceptions and rumors.
 - iii. Develop prototype leaflets/brochures/messages/advisories, Frequently Asked Questions (FAQs) targeting different audiences in coordination with NCDPC
 - iv. Monitor and evaluate implementation of communications plan at all levels and provide feedback to all stakeholders
- c. National Epidemiology Center
 - i. Oversee the design and implementation of AEFI surveillance.
 - ii. Assist NCDPC in the development of post-vaccination monitoring operational plan and recording form for minor and adverse events following immunization.
 - iii. Provide AEFI surveillance information for policy and program use.
 - iv. Coordinate AEFI surveillance activities with FDA both at the national and regional levels.
 - v. Provide quality control of the AEFI reporting system.
- d. Centers for Health Development (Region VII and Region CAR)
 - i. Regional NCD Coordinator, in coordination with the EPI, RESU and HEPO regional coordinators shall monitor the implementation of the vaccination program in selected schools
 - ii. Regional NCD Coordinator shall ensure the timely distribution of vaccines to the Provincial/City Health Office and to the final immunization points (selected schools)
 - iii. Regional NCD Coordinator shall ensure timely submission of accomplishment reports to the Central Office
 - iv. Regional ESU shall document AEFI surveillance and response activities
 - v. Regional ESU shall submit report of AEFI cases and minor events following immunization to the National Epidemiology Center.
 - vi. Regional HEPO shall translate leaflets/key messages and FAQs in the local language for dissemination
- e. Department of Health Hospitals
 - i. Detect and report all AEFI cases to Epidemiological and Surveillance units
 - ii. Clinically manage and report all AEFI cases
 - iii. Provide AEFI investigation team with medical records of immunization cases
- f. Bureau of International Health Cooperation
 - i. Facilitates the issuance of clearance with DOH as consignee
 - ii. Process documents related to the
- g. Material Management Division
 - i. Manage the broker for the release of the HPV vaccines
 - ii. Coordinates with Research Institute for Tropical Medicine regarding delivery of vaccines

- h. Research Institute for Tropical Medicine
 - i. Coordinates with MMD and CHD VII and CHD CAR Cold Chain Manager regarding delivery of vaccines

B. Local Government Unit (Province/City/Municipality)

- a. Municipality/City shall provide support in the actual immunization activities through deployment of vaccination teams
- b. Municipality/City shall ensure timely submission of accomplishment reports to the Provincial Health office
- c. Provincial Health office shall ensure timely submission of accomplishment reports to their respective CHD office (Region VII and Region CAR)
- d. CESU/MESU shall detect, investigate and report AEFI to next higher level

C. National Youth Commission

- a. Coordinates with DOH CHD and Department of Education (Region VII) with regard to target public schools
- b. Assists in coordination with the Local Government Units

D. Department of Education

- a. Provides list of eligible students for HPV vaccination based on selection criteria
- b. Endorses the immunization activity to participating public schools
- c. Support immunization efforts of the DOH

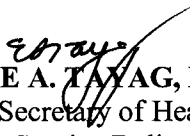
E. Philippine Obstetrical and Gynecological Society

- a. Provides technical assistance in the conduct of lectures, awareness campaigns of this project

F. Merck Sharp & Dohme (MSD)

- a. Provides 30,000 doses of QUADRIVALENT HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE at no cost to DOH for the implementation of the project
- b. Supports and assists immunization efforts of the DOH
- c. Provides technical assistance
- d. Provides support in developing communications materials on the project

For strict compliance.


ENRIQUE A. TAYAG, MD, PHSAE, FPSMID, CESO III
Assistant Secretary of Health
Support to Service Delivery Technical Cluster II



Republic of the Philippines
DEPARTMENT OF EDUCATION
Cordillera Administrative Region
DIVISION OF BAGUIO CITY



SUMMARY REPORT ON PUBLIC ELEMENTARY SCHOOLS ENROLMENT
SY 2012-2013

DISTRICT III	GRADE V
	F
Alfonso Tabora Elem. Sch.	24
Bonifacio Elem. Sch.	79
Brookspoint Prim.	7
Don Mariano Marcos Elem. Sch.	26
Doña Aurora Elem. Sch.	110
Doña N. J. Puyat Elem. Sch.	39
Holy Ghost Ext. Prim.	17
Lucban Elem. Sch.	184
Mabini Elem. Sch.	176
Magsaysay Elem. Sch.	35
Pinget Elem. Sch.	34
Pinsao Elem. Sch.	52
Quirino Hill Elem. Sch.	25
Total	808

	School	Location	G5 Girls
1	Mandaue City Central School	Mandaue City	313
2	Maguikay Elementary School	Mandaue City	128
3	Labogon Elementary School	Mandaue City	133
4	Subangdaku Elementary School	Mandaue City	132
5	Maguikay Elementary School	Mandaue City	128
6	Basak Elementary School	Mandaue City	229
7	Opao Elementary School	Mandaue City	194
8	Paknaan Elementary School	Mandaue City	230
9	Canduman Elementary School	Mandaue City	241
	Subtotal		1,728

10	Don Vicente Rama Memorial ES	Cebu City	305
11	Quiot Elementary School	Cebu City	145
12	Inayawan Elementary School	Cebu City	317
13	Labangon Elementary School	Cebu City	220
14	Guadalupe Elementary School	Cebu City	429
15	Pardo Elementary School	Cebu City	359
16	Tisa II Elementary School	Cebu City	292
17	San Nicolas Elementary School	Cebu City	240
18	Tejero Elementary School	Cebu City	225
19	Talamban Elementary School	Cebu City	310
20	City Central School	Cebu City	361
21	Lahug Elementary School	Cebu City	411
22	Regino Mercado Elementary School	Cebu City	124
23	Barrio Luz Elementary School	Cebu City	139
	Subtotal		3,877

24	San Roque Elementary School	Talisay City	170
25	Lagtang Elementary School	Talisay City	114
26	Vicente Manreal Elementary School	Talisay City	104
27	Jaclupan Elementary School	Talisay City	93
28	Bulacao Elementary School	Talisay City	94
29	Talisay City Central School	Talisay City	306
30	Lawaan III Elementary School	Talisay City	85
31	Tabunoc Central School	Talisay City	228
32	Lawaan Elementary School	Talisay City	125
	Subtotal		1,319

33	Minglanilla Central School	Minglanilla	209
	Subtotal		209

34	Consolacion Central School	Consolacion	291
	Subtotal		291

35	Bankal Elementary School	Lapu-Lapu City	249
36	Pusok Elementary School	Lapu-Lapu City	227
37	Soong Elementary School	Lapu-Lapu City	171
38	Mactan Elementary School	Lapu-Lapu City	202
39	City Central Elementary School	Lapu-Lapu City	248
40	Basak Elementary School	Lapu-Lapu City	202
41	Marigondon Elementary School	Lapu-Lapu City	298
	Subtotal		1,597
	GRAND TOTAL		9,021

ALTERNATIVE SCHOOLS

1	Cabancalan I Elementary School	Mandaue City	121
2	Cesar M. Cabahug Elementary School	Mandaue City	105
3	Borromeo Brothers Elementary School	Talisay City	93
4	Basak Community Elementary School	Cebu City	216
5	Alaska Elementary School	Cebu City	220
6	Mambaling Elementary School	Cebu City	197
7	Pasil Elementary School	Cebu City	182
8	Mabolo Elementary School	Cebu City	202
9	Zapatera Elementary School	Cebu City	124
10	Camp Lapu Lapu Elementary School	Cebu City	155
11	Carreta Elementary School	Cebu City	87
	Subtotal		1,702



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Sudlon, Lahug, Cebu City
Division of _____

Annex B. FORM 1

NOTIFICATION LETTER

DIVISION: _____
SCHOOL: _____
ADDRESS: _____
DATE: _____
STUDENT'S NAME: _____
STUDENT'S ADDRESS: _____
NAME OF PARENT/GUARDIAN: _____

Dear Mr. & Mrs.: _____

The Department of Health through the Center for Health Development Region VII and Provincial/City Health Office of _____ in collaboration with the Department of Education, Division of _____ shall conduct **free** Human Papillomavirus (HPV) vaccination among selected public Grade 5 learners (within the age range 10-14 years old) on September _____, 2013.

Human Papillomavirus (HPV) is responsible for the vast majority of cases of cervical cancer. Most sexually active women and men are infected with HPV at some point in their lives, with maximum risk of exposure in young adults between 15 and 24 years of age.

Adolescent age group makes up a significant proportion of each country's population. In the Philippines, they comprise about 21.5 percent or almost 20 million of the 92 million Filipinos counted in the 2010 census (NSO, 2010) as cited by the University of the Philippines Population Institute. They are the major contributors to the labor force and thus form the backbone of each country's economy.

Maximum benefit from HPV vaccination may be obtained in adolescents because they have not yet been exposed to HPV and they mount the highest immune response to vaccination.

This Notification is being issued to you as information of the activity that will be conducted on September _____, 2013. Should you have further questions/clarifications on this matter, please get in touch with the Principal/ School Head.

Thank you.

Very truly yours,

(Name of Principal/School Head)

ACKNOWLEDGEMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of School-based HPV vaccination activity.

I have read and understood the information regarding Human Papillomavirus (HPV) Vaccination among Adolescents including contraindications such as **pregnancy**.

(Please check the box provided)

- ☐ Yes, I allow my child to be vaccinated with HPV
☐ No, I don't allow my child to be vaccinated with HPV

Reason (Please specify): _____

Name and Signature of Parent/ Guardian

HPV IMMUNIZATION CARD

Dosing schedule: Day 0, Month 2, Month 6



● Administration date

HPV IMMUNIZATION CARD

Dose 1:

at

Dose 2:

at

Dose 3:

at

Physician: _____

Clinic: _____

Signature: _____

SCHOOL-BASED HPV VACCINATION PROJECT (GRADE 5 FEMALE STUDENTS AGED 10-14)

Region: _____

Province/City: _____

[illegible]



Adverse Events Following Immunization (AEFI) Case Report Form

Human Papillomavirus School-Based Vaccination

24 12 1982

Region

Provinces

Муниципальность

Name of DRU:

Type: ☐ RHU ☐ CHO ☐ Govt Hospital ☐ Private Hospital

Address:

□ 30 □ 30

Case Definition:

- Adverse event following immunization is defined as any unoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavorable or unintended sign, a harmful laboratory finding, symptom or disease.

NOTE: AEFIs to be reported include those that occur within 30 days following vaccination. This form should be completed/accompanied by the RNLI Nurse / Hospital staff / LSC at the reporting DRU and submitted to the next higher administrative level every Friday of the week.

[illegible]

TYPE OF AEFI:

- Serious AEFI is defined as an event that is causing a potential risk to the health of a recipient leading to hospitalization, disability, incapacity, potential abnormalities, birth defects or death. For Serious AEFI, a 7025A AEFI Case Investigation Form and Guide Questions on Investigation should also be filled-out.
- Minor AEFI is an event that is not 'serious' and does not pose a potential risk to the health of the recipient. Cluster of minor AEFIs should be investigated for causality assessment. A cluster of AEFIs is defined as two or more cases of the same or similar events related in time, geography, and/or vaccine administered.

Reporting Form 6: Provincial/ City Consolidated Accomplishment

SCHOOL-BASED HPV VACCINATION PROJECT
(GRADE 5 FEMALE STUDENTS AGED 10-14)

Region: _____

Province/City: _____

	Name of School	Total Eligible	Given HPV Vaccine		Number of Refusals	Reasons for Refusal
			Number	%		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						