



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

May 16, 2013

**DEPARTMENT MEMORANDUM**

No. 2013 - 0168

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

**SUBJECT : Guidelines in the Implementation of School-Based Adolescent Immunization**

**A. Rationale**

Immunization is essential for adults as well as children. They protect against diseases like measles, mumps, rubella, hepatitis B, polio, diphtheria, tetanus, and pertussis (whooping cough). Some vaccines like tetanus toxoid when given in complete dose (until TT5 or Td) to women of childbearing age, does not only protect women against tetanus, but also prevent neonatal tetanus in their newborn infants. Immunization program in the Philippines has been started in July 1979 and in 1986, the country made a response to the Universal Child Immunization goal with four major strategies such as: sustaining high routine Full Immunized Child (FIC) coverage of at least 90% in all provinces and cities, sustaining the polio-free country for global certification; eliminating measles by 2008 and eliminating neonatal tetanus by 2008. (Wikipedia, June 2012).

In June 2000, the 57 countries that have not yet achieved elimination of neonatal tetanus were ranked. The Philippines together with 22 other countries was listed in Class A, a classification for countries close to maternal and neonatal tetanus elimination (Wikipedia, June 2012).

In 2007, an Executive Order No. 633 was signed to implement the National Commitment for "Bakuna and Una sa Sanggol at Ina". The goal is to eliminate measles and neonatal tetanus, eradicate polio, control hepatitis B and other vaccine preventable diseases. Likewise, a Republic Act 10152, an Immunization Act of 2011 is to adapt a comprehensive and sustainable immunization program against vaccine preventable diseases. In addition, the National Youth Commission issued a Resolution Supporting the Expanded Immunization Program – Free Adolescent Vaccination – of the Department of Health.

Adolescents (10-19 years old) make up a significant proportion of each country's population. 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 University of the Philippines Population Institute (UPPI). They contributed significantly to the labor force of the country. Considering that they represent as the most active group, they are the most vulnerable to vaccine preventable diseases due to their risky behaviors and are potential for outbreaks in schools and community especially for measles, diphtheria and pertussis.

Based on the National Epidemiology Center surveillance reports an increasing confirmed cases of measles in 2010-2011 (1,157 and 1,562 respectively) and the probable diphtheria cases in 2010-2011 (24-31cases respectively) among adolescents. Likewise reports on suspected pertussis cases 2011 and 2012 (1 and 6 cases respectively).

## B. Coverage

The vaccination shall prioritize ALL 1<sup>st</sup> year to fourth year high students (Grade 7-10) in public school of the priority provinces and cities (ANNEX 1). This shall also serve as a guide to all partners (DOH, DepEd, CHED, TESDA, DSWD, LGUs, NGOs, and other GOs) that has been selected to introduce vaccination in adolescent.

## C. Recommended Schedule of Adolescent Immunization

1. All first year to fourth year high school students in the selected province/city shall receive a booster dose of Measles-Mumps-Rubella (MMR) and Tetanus-diphtheria (Td) Vaccine.
2. MMR vaccine shall not be given to pregnant female eligible target. The DOH and DepEd shall conduct screening of all female students before immunization.
3. The recommended schedule is as follows:

Name of Vaccine	Number of Doses			Remarks
	1 <sup>st</sup> Dose	2nd Dose	3 <sup>rd</sup> Dose	
Tetanus-Diphtheria (Td)	√	NA	NA	Succeeding TT doses when pregnant
MMR	√	NA	NA	Additional MCV doses during campaign, if needed

### Dosage, Route of Administration and Site of Vaccine Administration

<b>Name of the Vaccine</b>	<b>Dosage</b>	<b>Route of the Administration</b>	<b>Site of the Administration</b>
MMR	0.5 ml	Subcutaneous (SC)	Deltoid, Right Arm
Td	0.5 ml	Intramuscular (IM)	Deltoid, Left Arm

### D. Vaccination Procedures

#### D1 Before the Immunization Days

- Organize the vaccination teams
- Orient the vaccination teams
- Coordinate with the focal person from school
  - Orientation of the Teachers and students
  - Identify the immunization sites
  - Distribute the notification letter
  - Retrieve the signed notification letter
  - Screen all women for presence or absence of pregnancy

#### D2 During the Immunization Days

- Set-up the immunization posts
- Prepare the immunization logistics
- Line the students with parental consent for immunization
- Inform the other students of the risk for non-vaccination

#### D3 After the Immunization Days

- Consolidate the reports
- Submits the report to the next administrative level
- Follow-up the students missed and vaccinate
- Report AEFI

### E. Recording and Reporting

Recording Forms: The main recording and reporting tools are the following (Annex 2)

*Form 1: Parental Notification and Consent*

This serves as a note to the parents/guardians of the students for approval of the students to be vaccinated. Such form shall be collected by the teacher a day prior to the immunization.

***Form 2: Masterlist of Students***

This form lists the names of the students per section by year level. Same list shall be used to record the vaccines administered. This shall be kept by the school clinic or health center catchment.

***Form 3: Immunization Card for Adolescent***

Record the date the MMR and Td vaccines were administered. Give to the vaccinated students and advise to keep the card.

***Form 4: School Consolidated Accomplishment***

This record the # of students vaccinated against MMR and Td per classroom including those students missed for vaccinations and reasons why missed. The focal immunization person in the school shall submit this report to the province or city where the school is located. This shall be accompanied by the Line List of Adverse Events Following Immunization (AEFI).

***Form 5: Provincial/City Consolidated Accomplishment***

This record the # of students vaccinated against MMR and Td school per school. The basis of the data shall be the School Consolidated Accomplishment Report submitted to them by the school's focal immunization person. This shall be reported to the Center for Health Development (CHD). This shall be accompanied by the Line List of Adverse Events Following Immunization (AEFI).

***Form 6: Regional Consolidated Accomplishment***

This record the # of students vaccinated against MMR and Td per province/city.. The basis of the data shall be the Provincial/City Consolidated Accomplishment Report submitted to them by the Adolescent Health Coordinator. This shall be reported to the Adolescent Health Coordinator at the National Center for Disease Prevention and Control (NCDPC). This shall be accompanied by the Line List of Adverse Events Following Immunization (AEFI).

***Form 7: Line list of Adverse Events Following Immunization (AEFI)***

This records the list of vaccinated students with adverse event following immunization (AEFI).

**F. Vaccine Storage, Handling and Transport of Vaccines**

1. DOH shall provide the MMR and Td vaccines to all schools providing the immunization following the proper storage of the vaccines.

2. MMR and Td vaccines shall be stored at +2°C to +8°C during immunization session.
3. MMR vaccine shall be discarded after 6 hours of reconstitution.
4. Td vaccine follows the multi-dose vial policy. Open vials of Td vaccine may be used in subsequent sessions (28 days) provided the following conditions are met.
  - a. Expiry date has not passed
  - b. Vaccines are stored under appropriate cold chain conditions
  - c. Vaccine vial septum has not been submerged in water
  - d. Aseptic technique has been used to withdraw all doses,
  - e. Vaccine Vial Monitor (VVM) is intact and has not reached the discard point
  - f. Date is indicated when the vial was open

### **G. Immunization Safety**

Special precautions must be instituted to ensure that blood-borne diseases a other person are not transferred to other persons. This shall include:

- Always use the auto-disable syringe (AD)
- Do not pre-fill syringes.
- Do not recap needles.
- Dispose used syringes and needles into the safety collector box.
- Proper disposal of safety collector box with used immunization wastes through the recommended appropriate final disposal for hazardous wastes.

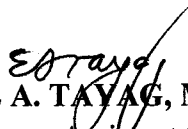
Auto-disabled syringes shall be used in all immunization session. Use of aspirating needles and pre-filling of syringes are strictly prohibited.

Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes.

### **H. Contraindication**

Some of the local reactions are pain, swelling and/or redness at the injection site. Symptomatic local reactions can be expected in about 10% of vaccine recipients.

By Authority of the Secretary of Health:

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

REGION	PROVINCE/CITY	Target (Grade 7-10)
NCR	Caloocan City	90,811
	Paranaque	31,125
	Manila	91,007
	Quezon City	151,856
CAR	Abra	11,329
	Baguio City	19,256
	Apayao	7,047
I	La Union	37,802
	San Fernando	5,526
II	Cagayan	58,410
	Tuguegarao City	9,552
III	Pampanga	102,990
	San Fernando City	18,251
	Angeles City	20,403
IVA	Cavite	133,379
IVB	Palawan	53,999
	Puerto Princesa	15,947
V	Albay	60,366
	Legaspi City	9,792
VI	Negros Occidental	154,808
	Bacolod City	28,188
VII	Cebu	173,748
	Cebu City	51,522
	Mandaue City	18,865
	Lapu-Lapu City	26,386
	Bohol	70,850
VIII	Leyte	130,741
IX	Zamboanga City	48,179
X	Cagayan de Oro City	30,289
XI	Davao City	79,640
XII	North Cotabato	72,206
CARAGA	Surigao Norte	16,686
	Surigao City	9,910
ARMM	Tawi-Tawi	10,837

Reporting Form 2: Masterlist of Students

**MASTERLIST OF ADOLESCENTS FOR IMMUNIZATION**  
**ADOLESCENTS HEALTH AND DEVELOPMENT PROGRAM**  
**(GRADE 7 TO FOURTH YEAR)**

Region: \_\_\_\_\_

Province/City: \_\_\_\_\_

Date: \_\_\_\_\_

District: \_\_\_\_\_

Name of School: \_\_\_\_\_

Year Level: \_\_\_\_\_

Section: \_\_\_\_\_

No.	Name	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Return Slip Submitted		History of Allergies (meds, food, previous immun of MMR/Td)		Active Untreated TB		Blood disorders (ex. Bleeding tendencies)		Last Menstrual Period (For FEMALE ONLY)	History of sexual contact in the past 4 weeks (for FEMALE only)		Sick today? (fever cough, diarrhea)		Vaccine Given		REMARKS (Any Yes response, defer immunization. Refer to Medical Officer)		
						Y	N	Y	N	Y	N	Y	N		Y	N	MMR (R arm)	Td (L arm)					
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
Total:																							

Note: Alphabetical, separate male/female  
 6 pages/section

**IMMUNIZATION FOR ADOLESCENTS  
 ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM  
 (GRADE 7 TO FOURTH YEAR)**

Name of School: \_\_\_\_\_

Region: \_\_\_\_\_

Division: \_\_\_\_\_

Province/ City: \_\_\_\_\_

Year Level	Total Eligible			Given MMR			Number Deferred	Given Td			Number Deferred	Refusal		
	Male	Female	Total	Male	Female	Total		%	Male	Female		Total	%	Number
Grade 7														
Grade 8														
3rd														
4th														
Grand Total														







