Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 17, 2019

DEPARTMENT MEMORANDUM
No. 2019 - 0018

FOR: **ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; CENTERS FOR HEALTH DEVELOPMENT AND BUREAU DIRECTORS; SPECIAL & SPECIALTY HOSPITAL DIRECTORS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHERS CONCERNED**

SUBJECT: **Operational Guide for the Introduction of Japanese Encephalitis Vaccine in the Philippine National Immunization Program**

I. BACKGROUND AND RATIONALE

Japanese encephalitis (JE) is a mosquito borne disease and is a leading cause of viral encephalitis in Asia and the Western Pacific Region. Twenty-four (24) countries in the South-East Asia and the Western Pacific Region have risk for JE virus transmission which includes more than 3 billion people. Around 68,000 JE cases are estimated to occur globally each year and 40,000 cases are in the Western Pacific Region alone.

Most Japanese Encephalitis virus (JEV) infections are asymptomatic. Severe disease is estimated to occur in about 1 per 250 cases characterized by rapid onset of high grade fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and ultimately death. Severe disease has a case fatality rate of up to 30% with long-term neuropsychological sequelae in 30 –50% of its survivors which may include paralysis, recurrent seizures, or inability to speak.

There is no specific antiviral treatment or cure for JE. Supportive clinical care is important as it relieves symptoms and stabilizes the patient. The main causes of JE-related mortality are aspiration, seizures, raised intracranial pressure and hypoglycaemia. Humans are considered dead-end or accidental hosts, with viremia too low to allow further transmission to other persons, such that the disease can potentially be controlled by universal human vaccination in endemic areas.

In the Philippines, data from 2011-2014 confirmed that JE has an extensive geographic distribution in the country. This supports the endemicity of JE in the Philippines. JE virus is the causative agent in 7 – 18% of cases of clinical meningitis and encephalitis combined and 16 – 40% of clinical encephalitis cases in the country. Around 6 – 7% of cases resulted in death.

Data from the Department of Health (DOH) Epidemiology Bureau showed that in 2016 and 2017, there were 122 and 275 laboratory confirmed JE cases respectively of which 88% are under 15 years old. Furthermore, in 2018 alone, there were **340** laboratory confirmed JE cases with some of the regions with optimal acute encephalitis/encephalomyelitis syndrome

AMENDED by
No. 2019-0015-A
Date January 30, 2019
Posted on/by: Feb. 8, 2019 10:00

RECORDING FORM: DAILY TALLY SHEET OF CHILDREN VACCINATED WITH JE VACCINES

Region: _____ **Province/City/:** _____ Municipality/District: _____ **Barangay:**_____**Date:** _____

Eligible Children for JE Immunization: _____ **Total Children Vaccinated:** _____ % _____

Instructions: *Please put a check mark in each box after an infant or child is given immunization.*

NUMBER OF CHILDREN IMMUNIZED WITH JE VACCINE

9 months to 59 months old

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	194	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

Total Vaccinated: _____

JE vaccine Received: _____ **Vials**
JE vaccine Used: _____ **Vials**
JE vaccine Unopened: _____ **Vials**

Team Leader: _____
Signature over Printed Name

(AES/AEMS) surveillance reporting a high number of JE cases. Region III reported the highest number of cases (n=110). This constitutes 32% of the total number of cases confirmed by the National JE laboratory at the Research Institute of Tropical Medicine (RITM) and followed by Regions I and II. Subsequently there is noticeable high burden of cases in other Luzon regions. As stated above, JE being endemic to the whole country, there are many more cases of JE expected in all the regions of the country.

The DOH conducted a Japanese Encephalitis vaccination cost effectiveness analysis in 2016 which clearly shows that JE vaccination has a high cost benefit as compared to no vaccination at all.

The presented epidemiological data on the burden of disease along with cost effectiveness analysis strongly support the introduction of JE vaccine in the country.

In terms of vaccine safety and efficacy, the DOH in coordination with the local researchers and partners also conducted an immunogenicity and safety study on JE vaccines concurrently given with MMR vaccines to infants 9 to 12 months old. The study results showed no increase in cases of adverse events following immunization.

According to the WHO, the most effective immunization strategy in JE endemic settings is a one-time campaign in the primary target population as defined by local epidemiology followed by incorporation of JE vaccine into the routine childhood immunization program. However the mode of introduction will depend on the feasibility and the capacity of the immunization program specific for the country.

II. SCOPE AND COVERAGE

This Order shall provide technical guidance to all Immunization Program Managers, implementers, service providers and immunization partners in the country regarding Japanese Encephalitis vaccine introduction for infants in public health facilities and communities in the country.

III. GENERAL GUIDELINES

a. A vaccination campaign will be introduced initially in Regions I, II, III and CAR targeting infants and children aged 9 months -59 months old.
b. Inclusion of JE vaccine into routine childhood immunization will be studied based on the results and evaluation of the initial campaign in Regions CAR, I, II and III.
c. If found to be cost-effective and beneficial, routine JE vaccination will be given to infants as single dose starting at 9 months of age in all public health facilities.

IV. SPECIFIC GUIDELINES

A. Preparatory Activities

1. Planning

a. The National, Regional and Local EPI Managers should develop an operational plan to include all activities necessary to introduce the new vaccine at their level.

b. Local health staff and implementers shall develop an operational plan (microplan) to implement the vaccination in their respective areas and communities with the support of LCEs and other stakeholders

2. Advocacy & Social Preparation

The introduction of a new vaccine in the health system entails a good social preparation. A good communication plan for new vaccine introduction is very important starting from the National down to the Regional and Local levels.

a. The Regional Expanded Program on Immunization (EPI) Managers and Regional Health Education and Promotion Officers in coordination with Provincial Health Office (PHO) and Provincial DOH Offices (PDOHOs) shall engage and conduct advocacy visits to introduce the plan for vaccine introduction to concerned Officials and Health Staff of the LGUs directly under their jurisdiction (i.e. Provincial/City Health Offices) including the Local Chief Executives and other major stakeholders (DILG, DSWD, DepED, League of Mayors, Regional Development Councils, Philippine Medical Associations, Other Health Professional Societies, Mass Media and other Civil Society Organizations).

b. The Provincial/City or Municipal EPI Managers; Health Promotion, Communication or Information Officers & Implementers with the support of the DOH Regional Offices shall conduct local consultations and disseminate detailed information on JE and the campaign to be done. This include but not limited to partners meeting, information campaigns, community meetings, or assemblies to be conducted together with the Local Health Staff, health workers, parents, caregivers and the public. This is to promote public awareness on the newly introduced vaccine; and to address issues and concerns that can possibly hinder vaccine acceptability by the public. The Regional Health Education Promotion Officers (HEPO) through the City/Provincial DOH Offices shall ensure that IEC materials on JE vaccination are made available to all Local Government Units (LGUs), all health facilities, schools, and properly distributed in communities. Other medium of communication like the radio, TV, print ads or social media can be utilized to widely disseminate the information.

3. Capability-Building

The Regional NIP Managers shall conduct roll out trainings and orientations on the introduction of Japanese Encephalitis vaccine to all concerned Provinces, Cities, and

other Partners according to the National Guidelines. The Provincial/City EPI Managers shall orient all Municipal Health staff and other Partners concerned that will be involved on how to introduce and implement JE vaccination at their level. This may include but not limited to refresher trainings or orientations especially on basic knowledge & skills on vaccine administration; vaccine safety and risk communication; management & surveillance for adverse events following immunization as well as proper health care waste disposal.

4. Vaccine Preparation, Storage and Administration

a. Vaccine Preparation

1. Japanese Enchephalitis (JE) is a live attenuated vaccine prepared and derived from a JE virus strain SA 14-14-2 which is grown on the monolayers of primary hamster kidney cell cultures.

2. The vaccine is prequalified by the WHO in terms of safety and efficacy and registered by Food and Drug Administration (FDA)

3. It comes in **5-dose vial** lyophilized powder requiring reconstitution with a supplied diluent. The vaccine shall be administered immediately after reconstitution, otherwise it shall be kept at 2°C to 8 °C and used during the immunization session and discarded within 6 hours upon reconstitution, or at the end of the immunization session, following the recommended disposal of biological wastes, whichever comes first.

b. Dose, Site and Schedule of Administration

1. Reconstitute the freeze dried vaccine with 2.5ml of vaccine diluent and shake the container thoroughly before use.
2. Inject 0.5ml of vaccine **subcutaneously** at the ***right anterolateral area of the thigh in infants or at the right deltoid area in children 2 years old and above.***

c. Vaccine Side Effects and Adverse Reactions

As per the reports from WHO Global Advisory Committee on Vaccine Safety (GACVS), JE vaccine (SA 14-14-2) were found to have acceptable safety profiles although side effects or adverse reactions may happen.

1. Common Adverse Reactions
   a. Pain and tenderness may occur at the injection site generally within 24 hours after vaccination which in most cases can be relieved spontaneously within 2-3 hours.
   b. Transient fever may occur generally within 1-2 weeks after vaccination most of which are mild and can be relieved spontaneously within 1-2 days without any particular treatment.
   c. Commonly used analgesics and antipyretics can be given to vaccine recipients who experience persistent pain on the injection site or for those who developed moderate or high grade fever to make them more comfortable, otherwise no treatment is necessary.

d. Occasionally, sporadic skin rashes may occur after vaccination and generally no particular treatment is needed. In case of necessity, symptomatic anti-allergic treatment may be helpful.

2. Rare adverse reactions:
   Severe Fever: Symptomatic treatment should be done with antipyretics to prevent febrile convulsion.

3. Extremely rare adverse reactions:
   a. Allergic rash: Urticaria may occur generally within 72 hours after vaccination. The recipient with urticaria shall promptly receive anti-allergic or anti-anaphylactic treatment.

   b. Anaphylactic shock: Anaphylactic shock may occur within one hour after vaccination. The recipient with anaphylactic shock shall receive emergency treatment immediately including prompt injection of adrenaline (epinephrine) as the drug of choice and first line effective treatment.

   c. Allergic purpura: The recipients with allergic purpura shall be brought to the health center, clinic or hospital promptly to receive anti-anaphylactic treatment with corticosteroids in time.

   d. Angioedema: The recipient with angioedema shall be brought immediately to the nearest health care facility to receive prompt medical treatment.

d. Vaccine Precautions

1. The vaccine shall be administered with caution to the people with family or individual history of convulsion; those with chronic disease; history of epilepsy and other neurologic diseases; and allergic diathesis.

2. Do not use the vaccine if the container shows abnormalities such as cracks, illegible labels, exceeding expiry dates or with turbidity after reconstitution.

3. Adrenaline (epinephrine) should be available for first aid in case of severe anaphylactic reaction. The recipients shall be observed for at least 30 minutes on site or in the vicinity after injection.

4. Vaccination should be deferred for at least 3 months following administration of any immunoglobulin.

5. The JE vaccine should not be given together with OPV for less than 28 days before or after administration.

e. Contraindications to Vaccination

1. People with known allergic reactions to any components of the vaccine including its subsidiary materials and antibiotics.
2. People with acute diseases, chronic diseases and severe disease at the stage of acute attack of fever.
3. People with congenital immunodeficiency, immune-compromised subjects or those who are receiving or recently received immunosuppressive therapy.

4. People with encephalopathy, uncontrolled epilepsy or other progressive diseases of nervous system.

f. Co-administration with Other Vaccines

Results of a trial conducted in the Philippines in 2016 determined that the short-term safety profile of SA 14- 14-2 live JE vaccine is satisfactory and can be safely co-administered with other vaccines given at 9 months of age like measles-containing vaccine with no significant effect on the immunogenicity of either vaccine.

g. Vaccine Handling including Storage and Transport

1. JE vaccine shall be stored at +2 °C to +8 °C (body of refrigerator).

2. During immunization sessions, JE vaccines shall be transported and stored using the WHO pre-qualified vaccine carriers using **conditioned** ice packs.

3. Excess unopened JE vaccine vials from the field at the end of the immunization day shall be marked with a **check (/)** before returning to the refrigerator. This shall be prioritized for immediate use in the next immunization session.

h. Vaccine Introduction Strategy

1. Based on the recommendation of the World Health Organization, the most effective immunization strategy in JE endemic settings is a one-time campaign in the primary target population, as defined by local epidemiology, followed by incorporation of JE vaccine into the routine childhood immunization programme.

2. Campaigns should be scheduled outside the periods of high JE disease activity or transmissibility in communities. This is to prevent confusion or the suspicion by the public of a relationship between the actual Japanese Encephalitis cases with its untoward complications to prevent attributing the vaccine and the vaccination itself with the actual JE disease itself.

3. All children 9 months-59 months in Regions I, II, III and CAR shall be vaccinated with one (1) dose of JE vaccine. The vaccination strategy should be community-based with a combination of fixed site or modified fixed site depending on the local situation.

i. Planning for Vaccine Introduction

1. The Regional NIP Manager shall ensure that all provinces/cities have microplans in placed, prior to the date of the JE campaign which will include but not limited to advocacy & communication; social communication; immunization service delivery; monitoring & supervision before, during and after the campaign; management, surveillance and referral on AEFIs; proper

management of immunization wastes and campaign evaluation or documentation.

2. Vaccination teams should be composed at least 1 vaccinator (a trained doctor, nurse or midwife); a vaccinator assistant and recorder; a community mobilizer, guide or caller preferably BHWs or community volunteers familiar with the area. The number of the volunteers may vary per team or the area depending on the population size to be covered and the difficulty of accessing the clients especially in remote rural areas, densely populated areas or urban slums.

j. Key Components of the JE Vaccination Campaign Microplan

1. Planning for immunization sites at the health centers, barangays or in communities.
2. Updated target population estimates of the areas to be covered or visited
3. Planning for orientation or training of vaccination teams, supervisors and monitors
4. Planning for manpower to be deployed including planning for contingency
5. Planning for vaccine, logistics and cold chain maintenance including contingency plans
6. Monitoring and supervisory plans before, during and after the campaign (for higher authority or administrative levels overseeing the vaccination teams)
7. Planning for advocacy, communication including IEC dissemination, community engagement and social mobilization.

   Note: One-on-one advocacy meetings or engagement with politicians, community leaders and other key partners to increase awareness and full support on the campaign to introduce the vaccine in their areas is crucial for full trust and confidence on the safety and efficacy of the vaccines and the vaccination itself.

8. Planning for AEFI surveillance, management and referral
9. Immunization waste management plans to include the handling, temporary and final disposal of health care wastes.
10. Planning for revisits due to vaccine refusals, deferrals, and missed opportunities for vaccination
11. Plans for the introduction of vaccine in the routine immunization at 9 months of age immediately following the campaign

B. Vaccination Campaign Implementation

1. Engage with local Chief Executives (LCEs) and stakeholders for information and support mobilization.

2. ***Require all parents/guardians to sign the parental consent before JE vaccine is administered to infants and children. Only children with approved and signed consent shall be vaccinated by a trained health worker. (see Annex D:Pahintulot ng Magulang)***

3. Vaccinate all infants and children 9 months-59 months (<5 years) old after a quick health assessment for any contraindication on vaccination (***see Annex E: Quick Health Assessment)***.

4. Record the vaccinations given in the tally sheet and on the infant/child immunization card as available or provided.

5. Give specific instructions to parents on any possible reactions and the proper steps on what to do next including home management, in seeking for early or immediate consultation if needed, and other post-immunization advice.

6. Observe for and take appropriate measures in case of any AEFIs. Vaccination teams should have AEFI kits with them all the time. Communication and emergency transport to the nearest health facility if needed should be present and accessible in case of need.

7. The vaccination team should ensure completeness of recording, reporting and submission of daily accomplishment reports using the official recording and reporting forms to the higher administrative level.

Note: All members of the vaccination team must receive training orientations on the Operational Guidelines on JE vaccination, on the proper handling of JE Vaccine, recording and reporting of campaign coverage, AEFI management and referral as well as the proper waste disposal of immunization wastes following vaccination.

C. Immunization Safety

Special precautions must be instituted to ensure that blood-borne diseases are not transferred to other persons under the immunization safety protocol as follows:

1. Always use auto-disable syringes (ADS) in all immunization sessions.

2. Do not pre-fill the syringes one by one before injection. Single dose withdrawal and injection rule should be strictly followed to prevent introducing potential contaminants to the vaccine dose.

3. Do not re-cap the needles after injection.

4. Dispose the used syringes and needles directly into the safety collector box right after each injection.

5. Do not overfill the safety collector box (SCB) with used needles and syringes. Properly dispose the filled safety collector boxes using the recommended appropriate final disposal for hazardous wastes.

6. Use of an aspirating needle tucked in the vaccine vial septum is **STRICTLY PROHIBITED**.

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

D. Surveillance of Adverse Events Following Immunization (AEFI)

1. All detected AEFIs **both minor and serious**, shall be reported to the nearest health facility. The existing DOH guidelines on AEFI surveillance and response **(Administrative Order No. 2016-2006)** shall be observed for this purpose.

IMPORTANT NOTES:

a. Vaccinated children shall be followed up for any AEFI for at least **30 days** after vaccination and should be reported accordingly.

b. **For serious AEFIs,** designated referral hospitals such as the DOH retained hospitals, regional medical centers, provincial, district or local government hospitals among other shall be identified and their staff oriented on the guidelines of JE immunization especially on their role in AEFIs as referral centers. Private hospitals or facilities maybe accessed if no nearest health facility is available. Once the patient is stabilized, immediate transfer to the nearest government health facility is recommended.

c. A hotline for reporting AEFIs shall be established by the DOH, CHDs and Local Health Offices for prompt response and investigation. Open line of communication at all levels should be observed especially during and right after the campaign in case of AEFIs that are detected in the field.

d. All hospitals, government and private, shall collect pertinent and complete immunization history, including the date when vaccination was given for immediate detection, timely reporting and response to an AEFI case.

e. Before the start of the scheduled vaccination, the Regional Office shall ensure that all health facilities (Health centers and Hospitals, both government and private) are fully aware of AEFI case recognition under **A.O. 2016-0025** and reporting under **A.O. 2016-006)**.

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

3. AEFI cases needing hospitalization shall be managed and referred to the appropriate health facility following **A.O. 2016-0025**: Guidelines on the Referral System for Adverse Events Following Immunization (AEFI) of DOH Programs.

4. Reported serious AEFIs shall be properly investigated by a Regional Team as per AO No. 2016-006, and to take the following steps:

   a. Epidemiologic investigation, collection of specimen, complete medical records and history taking by the Epidemiology and Surveillance Officers (ESOs);

   b. Observation on injection practices, cold chain management and on-site mentoring if needed by the EPI Program Managers/Coordinators;

c. Review of the vaccine and lot/batch number by the Food and Drug Regulatory Officers (FDROs); and

d. Provision of proper risk communication by the Health Promotion Officers (HEPOs) in coordination with the EPI Program Managers/Coordinators at all levels.

5. Causality assessment of serious and cluster of AEFIs (whether minor or severe) shall be conducted and determined by the Regional and National AEFI Committees (RAEFIC/NAEFIC)

E. Recording and Reporting

1. Appropriate recording and reporting forms shall be completed and submitted from the service delivery points to the next higher administrative level.

   The following forms shall be used:
   a. *Recording Form 1*: **Daily Tally Sheet**
   b. Reporting Forms
   Form 1: **Daily Reporting Form**
   Form 2: **Weekly Consolidation Form**

   Each vaccination team shall record each JE vaccine dose given in the Recording Form 1 (Daily Tally Sheet) and in the infant/child routine immunization record available. The JE vaccine dose shall be recorded under *"Other Vaccines Given"* in the immunization card.

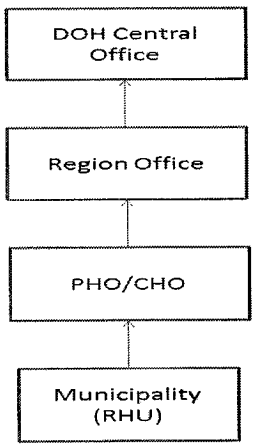
Note:
Parents or guardians are advised to bring the infant or child routine immunization record. If the child has no immunization record, a new immunization card shall be issued and immunization record reconstructed.

2. Duly accomplished Daily Reporting Forms should be submitted to the next higher administrative level for review or validation and consolidation following the standard reporting flow.

3. Weekly Accomplishment Reports shall be submitted by the DOH Regional Offices (CHDs) to the DOH National Immunization Program **every Friday before 3 PM** and e-mailed to the following address: **doh.chdd@gmail.com**

4. The final accomplishment report shall be submitted by the CHD to the DOH-NIP ***not later than 10 working days after the conclusion of the campaign.***

Figure 1: Flow of Submission of Accomplishment Report



F. Roles and Responsibilities

1. Department of Health (DOH)

The DOH shall provide the necessary vaccines and other immunization logistics (e.g. syringes, safety boxes, immunization cards, recording and reporting forms) following the routine system on the distribution of the immunization logistics. The National DOH and the collaborating Bureaus and Units are tasked to do the following:

1. National Immunization Program (NIP), Disease Prevention and Control Bureau (DPCB)

a. Oversees the overall implementation of the immunization campaign.
b. Develops the guidelines, policies and standards for JE immunization campaign.
c. Coordinates with CHDs thru FICT.
d. Other Government Agencies, Civil Society Organizations and Development Partners at the National level to advocate and support the campaign including mobilization of resources.
e. Coordinates with Research Institute for Tropical Medicine (RITM) on the allocation and distribution of vaccines.
f. Coordinates with Epidemiology Bureau for any reported AEFI cases.
g. Ensures timely distribution of JE vaccines and other immunization logistics to the Regional Offices.
h. Analyzes and feedbacks the accomplishment reports of the immunization activity.
i. Monitors and evaluates the implementation of the immunization campaign together with the Field Implementation and Coordination Team.
j. Provides capability-building on the campaign for the Regional, Provincial and City health staff.

2. Field Implementation and Coordination Team (FICT)

Shall ensure compliance of the Centers for Health Development to the immunization campaign.

Reporting Form 1: Daily Reporting Form

Region: _____

Province/City: _____

District/Municipality: _____

To be filled up by the Vaccination Team

No.	Barangay Name	Total Eligible Children 9 months to 59 Months Old	Total number of children vaccinated with JE vaccines	Total number of Deferred	Total number of Refusal	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total						

Prepared by: _____

Position: _____

Noted by: _____

Position: _____

3. **Epidemiology Bureau (EB)**
   a. Oversees the implementation of AEFI surveillance at the subnational and local levels.
   b. Collects AEFI reporting forms, analyze reports and submit to DPCB, FHO, and to the Secretary of Health as needed.
   c. Convenes the National AEFI Committee for the causality assessment in case of reported AEFIs.

4. **Health Promotion and Communication Services (HPCS)**
   Shall develop the advocacy, communication plan and prototype IEC materials for implementation and dissemination at the National level and replication by the CHDs.

5. **Centers for Health Development (CHD)**
   Shall be responsible on the implementation and monitoring of the immunization campaign to ensure that all health workers at the sub-national and local levels are capacitated on the immunization campaign.

6. **DOH and Government Hospitals**
   Shall manage severe AEFIs and shall submit report to DOH as per the Administrative Order on AEFI Surveillance and Response.

7. **Local Government Units (LGUs)**
   Shall lead and organize all human and other resources, partners and stakeholders at their level to directly implement the campaign that will lead to a high campaign vaccination coverage in their respective communities. Likewise the local health supervisors shall also lead in the monitoring and provide supportive supervision to their respective vaccination teams.

For your guidance and strict compliance.

By Authority of the Secretary of Health:

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO IV
OIC-Undersecretary of Health
Public Health Services Team

Reporting Form 2: Weekly Consolidation Report

Please tick reporting level: **Region** ☐ **Province/City** ☐ **Municipality** ☐

Region: _____ **Date:** _____

Province/City: _____

District/Municipality: _____

To be filled up by the Vaccination Team								
No.	Name of Province/Municipality/City/ Barangay	Totalt Eligible Children 9 months to 59 Months Old	Total number of children vaccinated with JE vaccines	Total number of Deferred	Total number of Refusal	No. of JE vaccines (in vials)		Remarks
						Received	Used	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
Total								

Prepared by: _____ **Noted by:** _____

Position: _____ **Position:** _____

REPUBLIKA NG PILIPINAS
REHIYON_____

PAHINTULOT NG MAGULANG

PETSA:_____ PANGALAN NG BATA:_____
TIRAHAN:_____ PANGALAN NG MAGULANG/ TAGAPAG-ALAGA:_____

Mahal na Magulang/Tagapag-alaga:

Ang Kagawaran ng Kalusugan ay magsasagawa ng libreng pagbabakuna laban sa Japanese Encephalitis sa mga bata edad 9-59 months sa rehiyong ito na isa sa mga rehiyong nakapagtala ng mataas na bilang ng mga kaso ng Japanese Encephalitis (JE). Ang bakuna laban sa Japanese Encephalitis ay ibibigay ng isang beses lamang. Ang Japanese Encephalitis ay ang pamamaga ng utak dulot ng Japanese Encephalitis virus na maaring makuha sa kagat ng lamok. Maari itong magresulta sa pagkamatay o panghabang buhay na kapansanan gaya ng pagkaparalisa, pagkapipi o pagkakaroon ng epekto sa utak. Mabisa at ligtas ang bakuna laban sa JE. Dumaan ito sa matinding pagsusuri at higit 400 milyong kabataan na ang nakatanggap nito sa 12 na bansa. Ayon sa pag-aaral, walang pagkakaiba sa kaligtasan at proteksyon na ibinibigay ng mga bakuna laban sa measles, mumps at rubella (MMR) na sinasabayan ng bakuna laban sa Japanese Encephalitis, kumpara sa hiwalay na pagbibigay ng mga ito. Kung kaya, maaaring ibigay ito nang sabay ng mga health workers sa mga sanggol na edad 9 na buwan.

Itong papel na humihingi ng pahintulot ng magulang ay ibinibigay sa inyo upang makuha ang inyong permiso para sa planong pagbabakuna na isasagawa sa _____. Para sa katanungan /kalinawan o dagdag na kaalaman ukol dito
(Petsa)
ay maaring makipag-ugnayan sa inyong pinakamalapit na Rural Health Unit/health center o sa inyong mga health workers. Ang pagbabakuna ay hindi pwersahang binibigay, maaari po kayong sumang-ayon o hindi sa pagbabakuna ng Japanese Encephalitis para sa inyong mga anak. Hindi magbabago ang kalidad ng serbisyo na binibigay sa inyo sa RHU/health center kung kayo ay hindi sasangayon sa pagbabakuna.

Maraming salamat.

Lubos na gumagalang,

_____
PANGALAN AT LAGDA NG MAGBABAKUNA

PAGSANG-AYON AT PAHINTULOT NG MAGULANG

Ito ay katunayan na nagbigay ng pahintulot ang magulang na nakalagda ukol sa pagsasagawa ng libreng pagbabakuna laban sa Japanese Encephalitis ng local na pamahalaan at ng Kagawaran ng Kalusugan.

Nauunawaan ko ang impormasyon tungkol sa Japanese Encephalitis, kahalagahan ng pagbabakuna laban dito at isang (1) beses ng bakuna sa Japanese Encephalitis ang ibibigay sa aking anak.

(Lagyan ng tsek ang kahon sa ibaba)

☐ Oo, sumasang-ayon ako na mabakunahan ng Japanese Encephalitis Vaccine ang aking anak sang-ayon sa rekomendasyon ng Kagawaran ng Kalusugan at nauunawaan ko na maaring maranasan ng aking anak ang mga sumusunod pagkatapos mabakunahan:

- Pamamaga at pamumula ng pinag ineksyunan
- Pamamantal sa balat o di kataasang lagnat

☐ Hindi ako sumasang-ayon na mabakunahan ang aking anak ng bakuna laban sa Japanese Encephalitis.
Mga Dahilan:

- ☐ May malalang allergy na mapanganib sa buhay sa anumang sangkap ng bakuna o sa antibiotic
- ☐ May malubhang sakit o may mahinang resistensiya dulot ng sakit o medikal na paggagamot (tulad ng radiation, chemotherapy, steroids, immunotherapy)
- ☐ May epilepsy, encephalopathy or other progressive diseases of nervous system
- ☐ Iba pang dahilan (Ipaliwanag):_____

_____ _____
PANGALAN NG BATA PANGALAN AT LAGDA NG MAGULANG/TAGAPAG-ALAGA/ PETSA

ASSESSMENT CHECKLIST FOR CONTRAINDICATIONS TO JAPANESE ENCEPHALITIS VACCINE FOR THE IMMUNIZATION ACTIVITY

Name of the Child : _____
(Surname) (First Name) (Middle Name)

Date of Birth (mm/dd/yyyy):	**Age:**	**Sex**

Address: _____
House No, Street, Purok/Sitio, Barangay, City/Municipality, Province

Contact Number:	**Name of Barangay Health Center/RHU:**

Vital Signs

Temperature:	Pulse Rate:
Respiratory Rate:	Blood Pressure:

QUICK HEALTH ASSESSMENT
Mark all appropriate spaces/boxes with a check (✓)

Questions	Yes	No	Remarks
1. Is the infant or child is sick or feeling unwell today? o Fever o Cough o Colds o Body pain o Diarrhea o Vomiting o Others:_____			Fever higher than 38.5 degrees °C. Vaccination should be postponed in this event. An appointment should be made for vaccination as soon as possible after the fever settles. If the recipient has a mild illness, such as a respiratory infection, the vaccine maybe given.
2. Has the child developed very severe adverse reaction (anaphylaxis) to a prior dose of SA 14-14-2 JE vaccine?			
3. Has the child developed a severe hypersensitivity reaction to any vaccine component and antibiotic (gelatin, gentamicin, kanamycin)?			
4. Is the child diagnosed of having cancer, leukemia, HIV/AIDS, lupus or any other immune system problem caused by disease or medical therapy?			If Yes, DO NOT GIVE the vaccine.
5. Does the child have a current disease (congenital or acquired) or has been diagnosed before with any serious or chronic diseases of the heart, kidney, blood, immune system, or central nervous system?			
6. Has the child received any vaccines in the past 4 weeks?			If Yes, Defer vaccination until 4 weeks.

Immunization card available? ☐ Yes ☐ No

Assessed by: **Signature over printed name of the health worker/screener**	Confirmed and approved for vaccination: **Signature over printed name of the Parent/Guardian**
Date (mm/dd/yyyy):	Date (mm/dd/yyyy):