



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 13, 2023

DEPARTMENT MEMORANDUM

No. 2023 - 0146

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 INSTITUTES; PRIVATE SECTOR PARTNERS; OFFICIALS OF LOCAL GOVERNMENT UNITS; AND OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Management and Administration of COVID-19 Vaccine Second Booster Doses

I. BACKGROUND

On 20 March 2023, the Philippine Food and Drug Administration (FDA) issued the Emergency Use Authorization (EUA) expanding the provision of a second (2nd) booster dose to the general population including healthy adults aged 18 to 49 years old. In addition, on 31 March 2023, the Health Technology Assessment (HTA) Council recommended the utilization of Pfizer-BioNTech, Moderna and AstraZeneca COVID-19 Vaccines as 2nd booster for adults aged 18 to 49 years old without comorbidities. Relative thereto, the current eligible population for the COVID-19 vaccine second booster dose is hereby expanded.

This Department Memorandum (DM) is issued to provide guidance to all concerned agencies, Regional Vaccination Operations Centers (RVOCs) or Centers for Health Development (CHDs) and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), Local Vaccination Operations Center (LVOCs) or Local Government Units (LGUs), Provincial/City/Municipal Health Offices (P/C/MHOs), Rural Health Units (RHUs), Implementing Units, and Vaccination Sites, both public and private, on the management and administration of the COVID-19 Vaccines as 2nd booster for adults aged 18 years old and above.

II. GENERAL GUIDELINES

A. Eligible Population Groups and Authorized COVID-19 Vaccines as 2nd Booster

1. Individuals **18 years old and above** are eligible to be given a 2nd COVID-19 booster dose, either homologous or heterologous with the following COVID-19 vaccines with approved EUAs issued by the Philippine FDA:
 - a. Tozinameran/Comirnaty [Pfizer] COVID-19 vaccine
 - b. Spikevax [Moderna] COVID-19 vaccine
 - c. Vaxzevria [AstraZeneca] COVID-19 vaccine

2. Immunocompromised populations (ICPs) ages **18 years old and above**, **regardless of Priority Group classification**, are eligible to be given a 2nd COVID-19 booster dose, either homologous or heterologous with the following COVID-19 vaccines with approved EUAs issued by the Philippine FDA:
 - a. Tozinameran/Comirnaty [Pfizer] COVID-19 vaccine
 - b. Spikevax [Moderna] COVID-19 vaccine
 - c. Vaxzevria [AstraZeneca] COVID-19 vaccine
 - d. Coronavac [Sinovac] COVID-19 vaccine
 - e. Sinopharm COVID-19 vaccines
 3. Immunocompromised individuals is defined as individuals with/are:
 - a. Immunodeficiency state;
 - b. HIV;
 - c. Active cancer or malignancy;
 - d. Transplant recipients;
 - e. Undergoing steroid treatment;
 - f. Patients with poor prognosis / bed-ridden patients; and
 - g. Other conditions of immunodeficiency as certified by physician
 4. Pregnant and lactating women ages **18 years old and above** are eligible to be given a 2nd COVID-19 booster dose, either homologous or heterologous with the following COVID-19 vaccines with approved EUAs issued by the Philippine FDA:
 - a. Tozinameran/Comirnaty [Pfizer] COVID-19 vaccine
 - b. Spikevax [Moderna] COVID-19 vaccine
 - c. Vaxzevria [AstraZeneca] COVID-19 vaccine
- B.** COVID-19 vaccines authorized with EUA for administration as second booster dose and immunization schedule for eligible populations are detailed in **Annex A**.
- C.** The COVID-19 vaccination program, including expansion of eligibility for additional / booster doses of other COVID-19 vaccine products, shall adopt future EUA or regulatory amendments from the FDA and recommendations from the HTAC on the provision of the COVID-19 Vaccine second booster doses. Copies of the EUA and product information for vaccine recipients and healthcare providers may be accessed at www.fda.gov.ph/list-of-fda-issued-emergency-use-authorization.
- D.** Clarificatory guidelines and policies may be issued by the Public Health Services Team and Field Implementation and Coordination Team as deemed appropriate.
- E. Allocation and Distribution of Vaccines**
1. The RVOCs/CHDs shall assess their historical experience and current capacity of all the LVOC/LGUs, implementing units, and vaccination sites to efficiently roll out the COVID-19 Vaccine Pfizer BioNTech, Moderna and AstraZeneca as second booster doses.
 2. The CHDs/RVOCs shall request the number of stocks they are able to efficiently roll out through the Field Implementation and Coordination Team. The FICT shall consolidate and endorse all requests to the Disease Prevention and Control Bureau - Finance and Supply Chain Monitoring Division (DPCB-FSCMD).

3. The DPCB-FSCMD shall assess all requests, finalize the allocation list then endorse the approved allocation list to the Supply Chain Management Service (SCMS) as the basis for the distribution of the COVID-19 Vaccine.
 4. The CHDs/RVOCs may directly allocate and distribute COVID-19 vaccines to vaccination sites, in coordination with LVOC/LGUs.
 5. All other procedures regarding supply chain management shall follow DM 2022-0488, with the subject "Interim Operational Guidelines on the COVID-19 Vaccines Cold Chain and Logistic Operations Process Flow for All Public and Private Health Facilities and Offices", DC 2021-0439, with the subject "Operational Guidelines on the Reverse Logistics of COVID-19 vaccines" and all other relevant policies, guidelines, and advisories released by the DOH.
- F.** Vaccination materials such as the informed consent form, health screening and assessment forms may be accessed through this link: bit.ly/2ndBoosterForms.
- G.** Second booster vaccinations shall be encoded in the Vaccine Information Management System (VIMS) along with all other COVID-19 vaccinations performed.
- H.** Pursuant to Administrative Order No. 2023-0007, known as the "Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization (AEFI)", all disease reporting units (DRUs), including public and private health institutions and facilities, and vaccination sites shall strictly comply and report all AEFIs regardless of case severity through the VigiFlow pending the national implementation of the contextually adapted AEFI Information System through the release of an official issuance.
- I.** Protocols for the management of AEFIs and Adverse Events of Special Interest (AESIs) shall follow the provisions of the approved COVID-19 vaccine EUA of the FDA, succeeding guidelines from the FDA, and other recognized professional organizations and regulatory bodies, as new evidence arises. Interim AEFI Pathways may be accessed at: bit.ly/RESBAKUNAFactsheets.
- J.** In consideration of the transition of information systems, reporting guidelines in the corresponding information system shall be released and disseminated by the Epidemiology Bureau.

III. SPECIFIC GUIDELINES

A. No Wrong Door Policy in All Vaccination Sites

1. Current stocks of COVID-19 vaccines shall be used for primary series, additional dose and booster dose vaccination for all eligible populations based on prevailing guidelines.
2. For vaccine recipients who seek COVID-19 Vaccine as a second booster dose, but are yet to complete the necessary primary series and first booster dose, as eligible to their priority group, shall be provided, scheduled, or advised to have their recommended COVID-19 vaccination. If the requesting party is not eligible for a COVID-19 vaccine, they shall be offered other primary care

services, based on the life stage. For further details, the Omnibus Health Guidelines per Life Stage may be accessed at bit.ly/OmnibusHealthGuidelines.

B. Contextualized Local Implementation

1. All LGUs shall ensure that COVID-19 vaccination is integrated and offered routinely and regularly through their primary care facilities.
2. LVOCs/LGUs shall plan out their operational approach based on their prevailing context and historical experience to maximize coverage and efficiency in utilization of available stocks (e.g. facility-based, fixed site, pharmacies, outreach, house-to-house or mobile vaccination, after-hours, scheduled appointments, walk-in, drive-through or a combination of any of the above). The following may serve as a guide in strategizing operations:
 - a. The recommended strategy is to maximize all options for feasible vaccination sites and adopt settings-based approaches to bring vaccination to settings that people already frequent, such as the utilization of fixed posts (health centers, *barangay* health stations, school clinics). The establishment of temporary posts in *barangays* or in accessible public places (malls) and the deployment of mobile vaccination may also be taken into consideration. The vaccination may be integrated with any national and local vaccination campaigns.
 - b. The previously recommended strategies may be utilized in addition to house-to-house activities such as masterlisting to determine the remaining unvaccinated for scheduling of vaccination.
 - c. If deemed necessary, the LVOC/LGU may focus limited resources and traffic demand to a single or a few implementing units or vaccination sites. The LVOC/LGU may also employ mobile or house-to-house vaccination to reach out to individuals with mobility challenges.
 - d. Queue management: The LVOC/LGU shall decide whether to adopt scheduled appointments, walk-in, or a combination of both depending on latest experience, human resource availability, and technical capacity for scheduling appointments and following up recipients.
 - e. Population age groups and applicable vaccination strategies are detailed in **Annex B**.

C. Integrated Health Service Delivery

1. LVOCs/LGUs shall gradually integrate all services intended at the primary care level, as guided by the Omnibus Health Guidelines, which can be accessed through bit.ly/OmnibusHealthGuidelines.
2. Primary care facilities such as the Rural Health Units (RHU) and *Barangay* Health Stations (BHS) including schools and other identified vaccination sites shall be utilized for routine immunization activities across life stages integrating COVID-19 vaccinations.
3. Vaccination sites shall offer and recommend other routine health services corresponding to the vaccine recipient's life stage (e.g. reproductive health, nutrition, immunization, deworming, health screening services for various diseases or disorders, linkage or coordination for further management, if

necessary), provided that provision of medicines, drugs, or vaccines do not have a contraindication to co-administration, or that the additional service provided does not unduly delay the vaccination site processes. The following operational strategies may be used:

- a. Incorporation of screening forms, prompts, or questions to elicit clinical suspicion of a disease, or to identify the need for promotive or preventive health services
- b. Addition of stations with assignment of human resources to perform the above task, while vaccine recipients are waiting for their turn in the post-vaccination monitoring area, or between other stations.

D. Micro Planning and Mapping

1. Microplanning by all LGUs and implementing units; and mapping of vaccination workforce, implementing units and vaccination sites shall be continuously conducted during the COVID-19 vaccination roll-out.
2. To vaccinate the remaining unvaccinated, comprehensive macro- and microplans shall be established entailing the placement of vaccination sites at strategic locations and the provision of context-specific service delivery strategies. The following strategies are recommended to target the unvaccinated:
 - a. Coordinate with local leaders and community health workers to identify vaccine-hesitant individuals and explore the reasons behind the hesitation.
 - b. Focus social mobilization activities in the identified *barangays*. Ensure the presence of key influencers/champions in the *barangay*, highlighting the benefits of vaccination through the influencers' testimonies. Small group discussions are the preferred mode to provide more personal messaging to address personal concerns.
 - c. Focus the deployment of more vaccination teams to these identified areas, to include volunteers from medical societies, civil society organizations, private sectors, and faith-based organizations.
 - d. Streamline vaccination process to mirror routine vaccination activities (symptomatic screening for COVID-19 symptoms, shortening and simplifying health screening checklist).
 - e. Form more vaccination teams for mobile vaccination and temporary post vaccination, as needed. Provide daily quota per vaccination team based on the target per *barangay* or catchment area.

E. Vaccination Process

1. The vaccination site shall ensure the following across all steps in the recommended process flow for vaccine administration from registration, health education, screening, vaccine administration, and post-vaccination monitoring:
 - a. Strict adherence to minimum public health standards shall be implemented, especially on appropriate distancing, adequate ventilation based on threshold set by Department of Labor and Employment (DOLE) Department Order 224-21 otherwise known as Guidelines on ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19, and administrative controls against crowding;

- b. Information, Education, and Communication (IEC) materials, such as videos, pamphlets, flipcharts, leaflets, and brochures shall be made available in any area of the vaccination site, especially in the waiting area and post-vaccination monitoring area.
- c. Priority shall be provided for the senior citizen; pregnant women and separate lanes for the pediatric population.
- d. There is no need to pool vaccine recipients to maximize a single vial cognizant of the need to provide timely provision of needed doses of COVID-19 vaccine to intended recipients.

2. Health Education and Informed Consent Area

- a. Depending on the eligibility, vaccine recipients shall submit the necessary documents to the vaccination team (Refer to **Annex C** for the list of vaccination requirements per eligible population group, list of valid identification cards, proof filiation, and list of comorbidities requiring medical clearance and certification)
- b. There shall be a dedicated health education area for the whole vaccination site where IEC materials shall be made available. A projector shall be set up in this area, or the least, a flipchart for health education purposes.
 - i. The health education and informed consent step can be integrated with other steps of the vaccination process to streamline the processes in the vaccination site.
 - ii. Ensure that a health educator is available at all times to provide vaccine recipients with the necessary information and to answer any questions.
- c. After thorough health education which includes explaining benefits, risks and possible side effects of the COVID-19 vaccines and prior to the vaccine administration, the vaccination team shall seek informed consent. (Refer to **Annex D** for a guide on the proper process of securing an informed consent.)
 - i. Adult vaccine recipients shall sign two (2) copies of the informed consent form. One (1) copy shall be provided to the patient and one (1) to be kept by the vaccination team.
 - ii. The health education and informed consent step can be integrated with other steps to streamline the processes in the vaccination site.

3. Health Screening Area

- a. At the screening area, the personnel assigned shall scan the patient's QR or Unique Code. Eligible vaccine recipients shall be clinically assessed for COVID-19 symptoms, comorbidities, and other important clinical information. Contraindications and precautions stated in the EUA of FDA, as well as recommendations from the HTAC, shall be followed for all vaccines.
- b. For the adult population, screening for potential allergies to vaccine components, food, and medicines, pregnancy, vaccination with other COVID-19 vaccines, history of bleeding disorders, possible symptoms of

COVID-19 infection, exposure to COVID-19, vaccination with other non-COVID vaccines, pregnancy. Blood pressure measurement prior to vaccination of the adult population shall not be required but can be done at the discretion of the vaccination team in the vaccination sites.

- c. The latest health screening form shall be used in screening the eligible vaccine recipients. Forms shall be regularly updated based on latest available evidence and the latest version shall remain publicly available for download.
- d. Doctors shall be the preferred health screeners for the vaccination program. If there is shortage of medical doctors as health screeners, trained nurses shall be deployed or assigned, under the supervision of the vaccination site supervisor. The screening form may also be accomplished by the vaccine recipients prior to the vaccination day through LGU-facilitated house to house screening or facilitated self-assessment guidance to the public. However, the on-site vaccination team shall validate the content of the forms prior to vaccination.
- e. The vaccination of people falling under the following categories shall be **temporarily** deferred for vaccination until resolution of the following conditions:
 - i. Persons presenting with symptoms such as fever/chills, headache, cough, colds, sore throat, myalgia, fatigue, weakness, loss of smell/taste, diarrhea, shortness of breath/ difficulty in breathing, and rashes shall be referred to a physician for clinical evaluation. These individuals may be vaccinated with the COVID-19 vaccine only after full recovery from the acute illness as certified by their attending physician based on current management guidelines.
 - ii. Vaccination sites shall ensure that only patients presenting with a hypertensive emergency (sBP > 180 and/or dBP > 120 plus with signs and symptoms of organ damage) shall be deferred vaccination. Vaccination shall be rescheduled until the condition is clinically controlled. Elevated BP readings without any signs and symptoms of organ damage are not cause for deferral of vaccination. However, individuals with elevated blood pressure not classified as hypertensive emergency shall be observed 30-60 minutes after vaccination to monitor for evolving signs or symptoms of hypertensive emergency.
 - iii. Persons who have active COVID-19 infections. However, vaccine recipients who have recovered or completed treatment in line with the latest protocols on isolation and quarantine period can be vaccinated, whether for first or second dose, without restarting the vaccine dose schedule.
 - iv. Persons who have received any non-COVID-19 vaccine dose in the past 14 days or plans to receive another vaccine following COVID-19 vaccination. This is to standardize implementation and limit confounding variables during the Adverse Event Following Immunization (AEFI) causality investigations. However, urgent vaccination such as anti rabies, tetanus, or immunoglobulins for animal bite and other life-threatening or critical situations may be

done provided that it is a shared decision between the patient and the attending health care professional.

- v. Pregnant and lactating women shall not be given vaccines contraindicated for this special population. Pregnant and lactating women in their first trimester may be vaccinated provided it is a joint decision by the patient and the attending physician, evidenced by a medical clearance. See Annex A for further details.
- vi. For vaccine recipients whose booster dose shall be delayed due to deferment guidelines, the booster dose may be provided immediately after the prescribed periods in the deferment guidelines without a maximum time interval, unless otherwise indicated.

4. Vaccination Administration

- a. Specific vaccine administration strategies may be adopted per vaccine following the most updated product specifications or clinical practice guidelines that shall be regularly updated based on the best available evidence.
- b. At the vaccination administration area, the vaccinator shall:
 - i. Thoroughly review the informed consent, health screening and declaration forms to verify eligibility of the vaccine recipient and ensure that the mentioned forms are properly signed.
 - ii. Review the information in the vaccination card (for second, additional, or booster doses) to determine the date and the vaccine brand of the first booster dose administered, and calculate the dose interval.
 - iii. Verify the vaccine brand, formulation and expiration date of vaccine to be administered.
 - Shelf life of vaccines are extended as COVID-19 manufacturers update their data and evidence on the stability of their products. The local EUA holders submit their request for amendment to the FDA and extensions are processed per batch and per brand after the completion of the updated stability studies.
 - The monitoring sheet with the complete batch and lot numbers, printed expiration dates and the latest extension of shelf life may be viewed through: bit.ly/C19ShelfLifeExtensionMonitoring
 - Check the monitoring sheet regularly and cascade to the implementing units as needed.
 - A digital or print copy of the most updated monitoring sheet must be available in all vaccination sites at all times. These may be used as reference of vaccination teams and vaccinees to clarify the shelf life extension of the vaccine batches being administered in their site.
 - iv. Prepare and administer the vaccine using the correct technique indicated in vaccine-specific guidance based on its product specifications.
 - v. Record the vaccine administration and other pertinent information in the vaccination card.
 - vi. Prior to inoculation, check the appropriateness of the product for the vaccine recipient and ensure the vaccine to be administered is not

expired and has been stored in the appropriate temperature. Strictly comply with the instructions of the product label of the vaccine product. Specific vaccine administration strategies may be adopted per vaccine.

- vii. Draw vaccines from a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed. Multi-dose vials to be used for more than one patient shall not be kept or accessed in the immediate patient treatment area. To prevent contamination of the vial, cleanliness and absence of potentially contaminated equipment shall be ensured at all times.
- viii. Ensure that vials do not contain any indications of possible contamination and chemical reactions due to mishandling (e.g. discoloration, presence of particulates), as provided in the vaccine-specific policies issued by the DOH. In such cases, these vials shall be disposed following set protocols as outlined in Department Memorandum No. 2021-0031, otherwise known as, Interim Guidelines on the Management of Health Care Wastes Generated from COVID-19 Vaccination.
- ix. Prepare and disinfect the skin prior to vaccine administration by using the following steps:
 - Apply a 60-70% alcohol-based solution (isopropyl alcohol or ethanol) on a single use swab or cotton-wool ball. Do not use methanol or methyl-alcohol as these are not safe for human use.
 - Wipe the area from the center of the injection site working outwards, without going over the area.
 - Apply the solution for 30 seconds then allow it to dry completely.
- x. Administer the vaccine intramuscularly, in the deltoid muscle.

5. Post-vaccination monitoring area

- a. The vaccination team at the post vaccination monitoring area shall be composed of two (2) composite teams:
 - i. To monitor and provide response: Paramedic/Nurse/Midwife
 - ii. To conduct surveillance: Surveillance Officer/Nurse/Midwife/Pharmacist
- b. They shall check and ensure the completeness of the contents of the AEFI Kit per composite team.
- c. The AEFI/ AESI composite team shall monitor the vaccine recipient and observe for any adverse reaction. After the observation, the vaccination team shall provide the following information to the vaccine recipient:
 - i. Signs and symptoms to observe and watch out for
 - ii. Instructions and steps on how to seek clinical care and report AEFI events
 - iii. Use AEFI management pathway
- d. Vaccine recipients who experience AEFI during the post vaccination monitoring period at the vaccination site shall immediately be brought to designated health facilities within their health care provider networks. The

LGU shall ensure capacity of the facilities to provide health care in response to the event and ensure the timely detection, notification, reporting, and investigation of the AEFIs.

- e. The vaccination team shall ensure that the vaccine recipient is essentially well before leaving the vaccination site.
- f. A standardized physical vaccination card shall be given to the vaccine recipient to ensure completion of the vaccination process and to enable monitoring of adverse events. The physical vaccination card shall be printed by the facility/ LGU in line with the printing standards set by the DOH. For those who received their first dose, the scheduled date for the second dose shall be indicated in the second dose box in the physical vaccination card. Vaccination cards shall be made available to non-placebo participants of the Solidarity COVID-19 vaccine trial. Updated vaccination card template may be accessed through this link: [bit.ly/ COVID19_VaccinationForms](https://bit.ly/COVID19_VaccinationForms).

F. Vaccine Demand and Uptake

1. The CHDs/RVOC/LVOC shall:
 - a. Disseminate COVID-19 vaccine IEC materials and ensure alignment of localized materials following the guidelines of the Sa Boosters: PinasLakas campaign (bit.ly/PinasLakasAssets). Full guidance on the PinasLakas campaign implementation is accessible at Department Memorandum 2022-0352 entitled “Guidelines on the Implementation of the ‘Sa Boosters: PINASLAKAS’ Social and Behavior Change Communication Campaign” (bit.ly/PinasLakasDM2022)
 - b. Ensure the functionality of their crisis communications protocols aligned with DM 2021-0224: Interim Guidelines on Adverse Events Following Immunization (AEFI) Community Management and Crisis Communications Related to COVID-19 Vaccines.
 - c. Update demand generation and communications microplans (bit.ly/DGCMicroplan_ver2) and recalibrate according to insights from communities, coverage data from LGUs, and operational strategies relevant to the local context to target those remaining unvaccinated, especially vulnerable groups. These shall be submitted every 5th of the month to pinaslakas@doh.gov.ph.
 - d. Ensure feedback mechanisms and social listening by a) reporting frequently asked questions, misinformation, and rumors through the bimonthly cascade of CHD Health Promotion Units with the Health Promotion Bureau, and b) promoting the use of the DOH’s official KIRA chatbot (<https://m.me/OfficialDOHgov>) to get vetted information (Magtanong kay KIRA), report fake news and misinformation, and provide citizen feedback (Magreport kay KIRA) to collect data on community-level vaccine hesitancy issues and generate insights to recalibrate plans
2. Vaccination Sites and LGUs shall:


- a. Utilize the latest messaging house and key messages cascaded by the Health Promotion Bureau. They shall ensure that brand-agnostic messaging is maintained at all times and that vaccination should remain apolitical and should not be used as platforms for any campaign-related activities.
- b. Plan and implement demand generation and communication activities in accordance with the DILG Memorandum Circular 2021-019, titled *“Guidelines on the Implementation of Demand Generation Activities in support to the National COVID-19 Vaccine Deployment Plan”* and ensure coverage of all priority population groups.
- c. Ensure the utilization of both offline and community level social mobilization and demand generation strategies, especially to reach vulnerable populations.
- d. Provide regular updates to the CHD on targets and coverage data at local level, progress of their microplan, and other collected social listening data. These information shall be used to recalibrate strategies and demand generation and communications microplans to target those remaining unvaccinated, especially vulnerable groups.

IV. REPEALING CLAUSE

Department Memorandum No. 2022-0206, with the subject *“Interim Operational Guidelines on the Administration of 2nd COVID-19 Vaccine Booster Doses to Senior Citizens and Frontline Healthcare Workers ages 18 Years Old and Above”* and its amendments (Department Memorandum No. 2022-0206-A and Department Memorandum No. 2022-0206-B) and Department Memorandum No. 2022-0154, with the subject *“Interim Operational Guidelines on the Administration of 2nd COVID-19 Booster Doses to Immunocompromised Population (ICPs) ages 18 Years Old and Above”* are hereby repealed.

V. EFFECTIVITY

This Department Memorandum shall take effect immediately.


MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
Officer-in-Charge
Department of Health

Digitally
signed by
Vergeire Maria
Rosario Singh

List of Annexes (bit.ly/DM2ndBooster_ListofAnnexes)

A	Summary Table of Authorized COVID-19 Vaccines for Administration as 2nd Booster Dose and Recommended Interval per Priority Population
B	Population Age Groups and Applicable Vaccination Strategies
C	Vaccination Requirements
D	Proper Process of Securing an Informed Consent