



Republic of the Philippines
Department of Education

28 MAR 2016

DepEd MEMORANDUM
No. **50** s. 2016

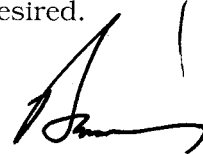
IMPLEMENTATION OF SCHOOL-BASED DENGUE VACCINATION PROGRAM

To: Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Secondary Schools Heads
All Others Concerned

1. Dengue virus is one of the leading causes of illness in the Philippines. The country ranks fourth in the number of dengue cases among the ten ASEAN nations. It has been estimated that the direct medical cost of dengue is around 345 million dollars or 16 billion pesos annually. Dengue indeed poses not only a public health burden but also significant economic and social implications in the country.
2. The Department of Health (DOH) and the Department of Education (DepEd) since 2013 have implemented the School-Based Vaccination in both elementary and secondary schools in the country. Measles, Rubella, Tetanus, and Diphtheria Vaccines have been provided for *free* and will be provided every August to Grade 1 and Grade 7 learners nationwide.
3. This year, the School-Based Immunization (SBI) will be expanded to include dengue vaccination. This initiative is deemed as a more effective, sustainable, and cost effective strategy to reduce the increasing number of cases of dengue among the school age population in the country.
4. For Calendar Year 2016, the SBI Dengue Vaccination will be provided to all Grade 4 learners, nine years old and above, currently enrolled in public elementary schools in the National Capital Region (NCR), Regions III and IV-A (CALABARZON). The vaccine will be given in three doses (0-6-12 months interval) using the Food and Drug Administration (FDA) approved tetravalent vaccine.
5. Enclosed are the implementing guidelines for the Program and the DOH Department Memorandum No. 0096, s. 2016 entitled *Guidelines in the School-Based Immunization of Tetravalent Dengue Vaccine*.
6. Regional directors, school division superintendents, and other school officials are enjoined to provide full support in the conduct of the said activity. School health personnel are expected to coordinate with DOH regional and provincial health officers for the implementation and conduct of the school-based vaccination program. This activity shall be monitored by the DOH and by the DepEd, central, regional and division offices.
7. Parental consent must be secured prior to the conduct of the vaccination.

8. For more information, all concerned may contact **Ms. Girlie G. Azurin**, Senior Education Program Specialist, School Health Division, Bureau of Learners Support and Services, Department of Education Central Office at telephone no. (02) 632-9935 and **Dr. Clarito U. Cairo Jr.** Medical Officer IV, Infectious Disease for Prevention and Control Division, Disease Prevention and Control Bureau, Department of Health at telephone no. (02) 651-7800 local 2354.

9. Immediate dissemination of this Memorandum is desired.



BR. ARMIN A. LUISTRO FSC
Secretary

Encls.:

As stated

Reference:

N o n e

To be indicated in the Perpetual Index
under the following subjects:

LEARNERS
PROGRAMS
SCHOOLS

Sally/Lem: R-DM: implementation of school-based Vaccination prog.
0156-February 17/March 7/14, 2016

IMPLEMENTING GUIDELINES ON THE IMPLEMENTATION OF DENGUE VACCINES TO GRADE 4 STUDENTS

I. TARGET COVERAGE

All Grade 4 students, 9 years old and above currently enrolled in public elementary schools in NCR, Region 3 and Region 4.

II. GENERAL GUIDELINES

1. All 9 years old and above students enrolled in Grade 4 public schools shall be vaccinated with 3 doses (0-6-12 months interval) of the Dengue tetravalent vaccine.
2. Vaccination shall start from April 2016 until June 2017.
3. School-based vaccination shall be a FREE routine service to be administered by the health center service providers and the school health personnel.
4. There shall be no case of suspension, grounding, or reprimand in case of dengue vaccination refusal or failure to complete the dosage.
5. Only students with parental/guidance consent shall be vaccinated.
6. DOH shall provide the necessary vaccines and other immunization logistics (e.g. N/S, epinephrine, safety collector boxes, consent forms, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.
7. Department of Education (DepEd) shall determine the most appropriate timing of the immunization sessions for the schools, inform teachers/parents/students of the vaccination, provide support human resource for vaccination, and enjoin each eligible student to undergo vaccination and appropriately refer missed students for vaccination.
8. The Local Government Units (LGUs) health personnel (MDs, Nurses, midwives, volunteers) shall lead the vaccination in collaboration with schools, hospitals and other partners within the catchment areas.
9. As part of the vaccination activity, schools of beneficiary regions will be included in the passive and active surveillance of adverse reactions during the implementation of the program.

III. SPECIFIC GUIDELINES

A. Vaccination Strategy

1. Strategy:
 - School-based, classroom per classroom
 - Rolling-phase

2. Timelines:
 - 3 months-long per round
 - From 2016 up to 2017
3. Number of Rounds:
 - 3 Rounds to coincide with the required 3 doses for complete immunization:
 - Round 1 (Dose 1) : Year 2016 -April, May, June
 - Round 2 (Dose 2) : Year 2016 - October, November, December
 - Round 3 (Dose 3) : Year 2017 - April, May, June

B. Target Vaccination of Dengue Vaccines

1. Nine (9) years old and above students enrolled in Grade 4 public schools shall be vaccinated with the 1st dose of the dengue vaccine, **0.5ml, subcutaneous, (SC) at the LEFT deltoid arm.** Succeeding doses shall follow the recommended vaccination schedule:
 - First Dose : At time of visit with the health worker at school
 - Second Dose : At least 6 months after the 1st dose
 - Third Dose : At least 6 months after the 2nd dose

NOTE: Health workers must ensure that those who received the dengue vaccine first dose shall be given the 2nd dose after 6 months and the 3rd dose 6 months after the 2nd dose
2. All clinic/ Grade 4 teachers/school nurses shall issue a notification letter to all students on the vaccine and dates to be received.
3. Clinic/school nurses/teachers shall list all the enrolled students in Grade 4 using the Recording Form 1 (Master list of Grade 4) .
4. Follow-up of Deferred Students:
 - ❖ Teacher-in-charge shall follow-up the deferred students but willing to be vaccinated and refer to the catchment health facility.
 - ❖ Students who will be referred and vaccinated at the health facility shall be accompanied by the school nurse and shall be included in the accomplishment report
5. Grade 4 students less than 9 years old shall not be given the dengue vaccine.
6. All vaccinators shall conduct a quick health check status of every eligible student before vaccination.

Ask if the students had/has	ACTION REQUIRED
Fever	Defer vaccination until child is well. Refer for medical management. Set a definite date for the vaccination.
Cough	
Rashes	
Headache	
Received any vaccines for the last 1 month	
Resident/enrolled in schools in San Pablo City, Laguna	Do not give the dengue vaccine

Recipient of blood products for the last 3 months	
Taking corticosteroids or chemotherapy	
Pregnant or Breastfeeding	

C. Dengue Tetravalent Vaccine (Dengvaxia)

1. Live, attenuated vaccine contains 4 dengue virus serotypes-1,2,3, and 4
2. 5-dose per vial (multi-dose), suspension for SQ injection
3. NO VVM label
4. Indicated for use to children and adults from 9 years to 45 years old

D. Vaccine Storage and Transport

1. DOH shall provide the Dengue tetravalent vaccines to Regions III, IVA and NCR.
2. Dengue Tetravalent vaccines shall be stored at +2°C to +8°C .
3. During immunization session, Dengue tetravalent vaccines shall be transported and stored using the WHO recommended vaccine carriers with pre-conditioned ice-packs.
4. Opened Dengue tetravalent vaccines shall be discarded 6 hours of reconstitution or at the end of the immunization period following the recommended disposal of the biological wastes.
5. Excess unopened Dengue tetravalent vaccines brought in school shall be marked with a bar (/) before returning to the refrigerator for storage. The bar mark shall indicate the vaccine vial was out from the refrigerator and shall be prioritized for use in the next immunization session.

E. Immunization Safety

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

1. Always use the auto-disabled syringe (AD) in all immunization sessions
2. Do not pre-fill syringes.
3. Do not recap needles.
4. Dispose used syringes and needles in safety collector box.
5. Proper disposal of safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes.
6. Use of aspirating needles and pre-filling of syringes are 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 of infectious wastes.

F. Recording and Reporting

1. For each level of vaccination schedule, an appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level.
2. Accomplishment Reports shall be submitted by the DOJ Regional Offices to the DOH National Office 2 weeks every after each round.

G. Adverse Event Following Immunization

1. Fear of injections resulting to fainting has been commonly observed in school immunization. Thus it is recommended that the vaccination sites are situated in areas not conspicuous to the students. Immunization session shall be conducted after these eligible students have taken their snacks/food to rule-out fainting secondary to hypoglycemia.
2. Adverse Events after the receipt of the vaccines, even if it is not clear that the vaccine caused the adverse events should be reported following the existing DOH Issuance Administrative Order No. 2010-0017, "Guidelines in Surveillance and Response to Adverse Events Following Immunization (AEFI).
3. However, a line list of the minor reactions shall be recorded and submitted to gather information on the various AEFI rates for the Philippines setting.



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 24, 2016

DEPARTMENT MEMORANDUM

No. 2016 - 0096

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, DOH REGIONAL OFFICES (REGION III, IVA, AND NCR), SERVICES CHIEFS OF MEDICAL CENTERS, SPECIALTY HOSPITALS AND OTHER CONCERNED

SUBJECT: Guidelines in the School-based Immunization of Tetravalent Dengue Vaccine

1. RATIONALE

Dengue is one of the leading causes of illness in the Philippines. Worldwide, the Philippines rank 7th among countries and territories with the highest average number of Dengue cases reported to the World Health Organization (WHO) and 4th overall for the Asia Pacific region from 2004 to 2010.

The past 10 years have demonstrated a general increasing trend of explosive Dengue epidemics in the Philippines. While 2014 has seen a decrease in the number of cases, significant peaks are expected in the coming years considering the uneven trend in the number of cases in the last four years.

It has been estimated that the direct medical cost of clinically diagnosed Dengue infections in the Philippines is around USD 345M or PhP 16 billion annually. Adding the huge but unseen cost of lost productivity to the countless families, dengue indeed poses not only public health burden but also significant economic and social implications for the country.

Over the years, the Department of Health (DOH) has institutionalized community led interventions to prevent the proliferation of vectors of the disease. Furthermore, the DOH has continually supported local governments through commodities and insecticides to help respond to local outbreaks. While these have contributed in reducing morbidity and mortality, dengue cases and deaths are still expected to rise. There are no specific dengue treatments and prevention is currently limited to vector control measures. A dengue vaccine would therefore represent a major advancement in the control of the disease.

The DOH Expanded Program on Immunization (EPI) has focused on providing free vaccines for infants and children for the protection against vaccine preventable diseases. Since 2013, the DOH, in collaboration with Department of Education (DepEd) and the Department of Interior and Local Government (DILG), has successfully conducted vaccination in schools. Dengue vaccine will be added to the list of vaccines to be given to school age pupils in the School Based Immunization Program (SBIP).

2. SCOPE AND COVERAGE

This Department Memorandum shall guide all immunization program managers and immunization partners involved in School-based immunization for Dengue Vaccine in Regions III, IV-A and NCR from April 2016 to June 2017.

3. GUIDELINES

A. TARGET POPULATION

All Grade 4 pupils (school year 2015-2016) aged 9 years and older enrolled in public schools in Regions III, IV-A and NCR shall be vaccinated with 3 doses of Dengue Tetravalent Vaccine at six (6) months interval.

B. MASTERLISTING AND SCREENING OF ELIGIBLE PUPILS

1. All Grade 4 advisers/ clinic teachers/ school nurses shall:

- List all the enrolled pupils in Grade 4 for school year 2015-2016 using Recording Form 1 (Masterlist of Grade 4).
- Issue notification letter and parental consent for dengue vaccination one (1) week before the school based immunization for dengue vaccine.
- Retrieve the signed notification and parental consent form. Only pupils with approved and signed consent shall be vaccinated by the trained health worker.

Refusal of vaccination shall not be a ground for suspension or reprimand.

- Submit the completed Recording Form 1 to the Rural Health Unit (RHU) or Main Health Center (MHC). This shall serve as a guide for the target for immunization, vaccines and other logistics requirement.

2. Vaccinators shall review the submitted approved consent form to ensure that the pupil is eligible for dengue vaccination. If eligible, the vaccinator shall conduct a quick health assessment to every pupil before vaccination.

Table 1: Quick Health Assessment Checklist

ASK if the pupil had/has :	ACTIONS REQUIRED
<input type="checkbox"/> Fever	If any is present, DEFER vaccination until child is well. Refer for medical management. Set a definite date for the vaccination.
<input type="checkbox"/> Cough	
<input type="checkbox"/> Rashes	
<input type="checkbox"/> Headache	
<input type="checkbox"/> Received any vaccine less than 1 month ago	
<input type="checkbox"/> Recipient of blood products for the last 3 months	Defer vaccination until 3 months.

<input type="checkbox"/> Taking corticosteroids or chemotherapy	Defer vaccination until 4 weeks after corticosteroids are stopped.
<input type="checkbox"/> History of bleeding disorder	DO NOT GIVE the dengue vaccine.
<input type="checkbox"/> Pregnant or Breastfeeding	DO NOT GIVE the dengue vaccine.
<input type="checkbox"/> With history of allergy to previous dose	
<input type="checkbox"/> Enrolled in Dengue clinical study from San Pablo City, Laguna	

3. School-based immunization for Dengue Vaccination is **FREE** of charge.

NOTE:

Health workers must ensure that those who received the 1st dose of the Dengue vaccine shall be given the 2nd dose of the Dengue vaccine 6 months after the first dose and the 3rd dose of Dengue vaccine 6 months after the 2nd dose.

C. ADMINISTRATION OF DENGUE VACCINE

1. Dengue Vaccine

Dengue tetravalent vaccine is a live, recombinant vaccine. The vaccine contains 5 doses/vial. This is a suspension for subcutaneous injection. This contains dengue virus serotypes 1, 2, 3 and 4 that have been weakened and is indicated for use to children and adults from 9 years to 45 years for the protection of dengue.

NOTE:

As with all vaccines, dengue vaccine may not protect 100% of pupils who have been vaccinated and is not a substitute for protection against mosquito bites.

2. Contraindication and Precaution

2.1 Dengue tetravalent vaccine is **not recommended** for the following individuals:

- a. Children less than 9 years of age and adults above 45 years of age.
- b. Anyone who is allergic or has had an allergic reaction to a prior dose or to any component of the dengue vaccine.
- c. Immunocompromised individuals, due to but not limited to genetic defects, HIV infection, or therapies that affect the immune system such high-dose corticosteroids or chemotherapy.
- d. Pregnant or breastfeeding women.

- e. Recipients of blood products for the last three months.
- 2.2 Vaccination shall be deferred to a person suffering from febrile illness, cough, rashes and severe headache until the person is well.
- 2.3 Vaccination shall be postponed to a person who is taking immunosuppressive treatment like prednisone or equivalent (20 mg or 2 mg/kg body weight for 2 weeks or more) until 4 weeks after the treatment has been discontinued.
- 2.4 Female of child bearing age, shall take necessary precautions to avoid pregnancy for 1 month following administration of the Dengue vaccine.
- 2.5 Dengue vaccines **SHOULD NOT** be co-administered with other vaccines.
- 2.6 Children who received other vaccines should temporarily defer vaccination until after 4 weeks.

3. Storage and Transport

- The DOH shall provide the Dengue Tetravalent vaccine to NCR, Regions III and IVA. Dengue Tetravalent vaccine shall be stored at +2 to +8°C.
- During immunization sessions, Dengue Tetravalent vaccine shall be transported and stored using the WHO recommended vaccine carrier with **pre-conditioned ice packs**.
- **Opened and reconstituted** dengue tetravalent vaccines shall be discarded **6 hours** from reconstitution or at the end of the immunization period whichever comes first following the recommended disposal of the biological wastes.
- Excess **unopened** Dengue tetravalent vaccines brought in school shall be marked with a **check (/)** before returning to the refrigerator for storage. The check mark shall indicate the vaccine vial was out from the refrigerator. This shall be prioritized for use in the next immunization session.

4. Schedule of Vaccination

All eligible pupils shall be vaccinated with the dengue vaccine, **0.5ml, subcutaneous, (SC) at the LEFT deltoid arm** following the recommended vaccination schedule:

- **First dose:** at the time of visit with the health worker at age 9 years old and older.
- **Second dose:** at least 6 months after the first dose.
- **Third dose:** at least 6 months after the second dose.

5. Immunization Safety

- Special precautions must be instituted to ensure that blood-borne diseases are not transferred to other persons.

1. Always use the Auto-Disable Syringe (ADS) in all immunization sessions.
2. Do not pre-fill syringes.
3. Do not re-cap needles.
4. Dispose used syringes and needles into the safety box.
5. Properly dispose safety boxes using the recommended appropriate final disposal for hazardous wastes.
6. Use of aspirating needles 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 of infectious wastes.

D. ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

1. The existing DOH guidelines on AEFI surveillance and response shall be used for this purpose.

NOTE:

For serious AEFI, designated referral hospital such as DOH-retained hospitals/regional medical centers and provincial/district hospitals among other shall be identified and oriented on the guidelines on school-based immunization including AEFIs and its management and response.

2. 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.
3. Fear of injections resulting to fainting has been commonly observed in pupils especially adolescents during vaccination. Fainting is an **immunization anxiety-related** reaction. It is not related to the content or quality of the vaccine, but to the injection procedure. Fainting may also occur secondary to low blood sugar (hypoglycemia).

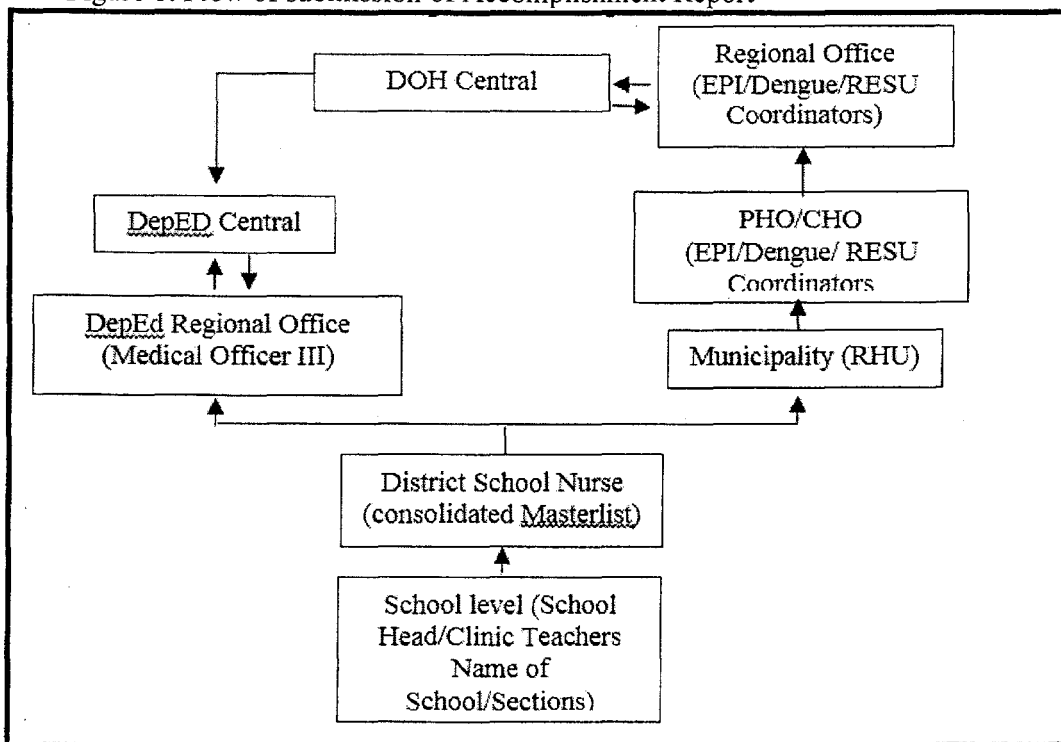
To reduce occurrence of fainting:

- Pupils should be seated or lying down during vaccination. Vaccinees should be carefully observed for a minimum of 15 minutes after administration of the vaccine.
- Ensure that vaccinees have eaten before vaccination and be provided with comfortable waiting room and privacy during waiting/observation period.

E. RECORDING AND REPORTING

1. Appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level. The following forms shall be used (see Annex :
 - a. Recording Form 1: MASTER LISTING
All Grade 4 pupils shall be recorded in Recording Form 1.
 - b. Reporting Forms
 - Form 1 : DAILY REPORTING
 - Form 2: DAILY CONSOLIDATION
 - Form 3: WEEKLY CONSOLIDATION

Figure 1: Flow of submission of Accomplishment Report



- Weekly Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office every Friday before 3 PM.
Email Address: sbidengue@gmail.com

Final Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office.

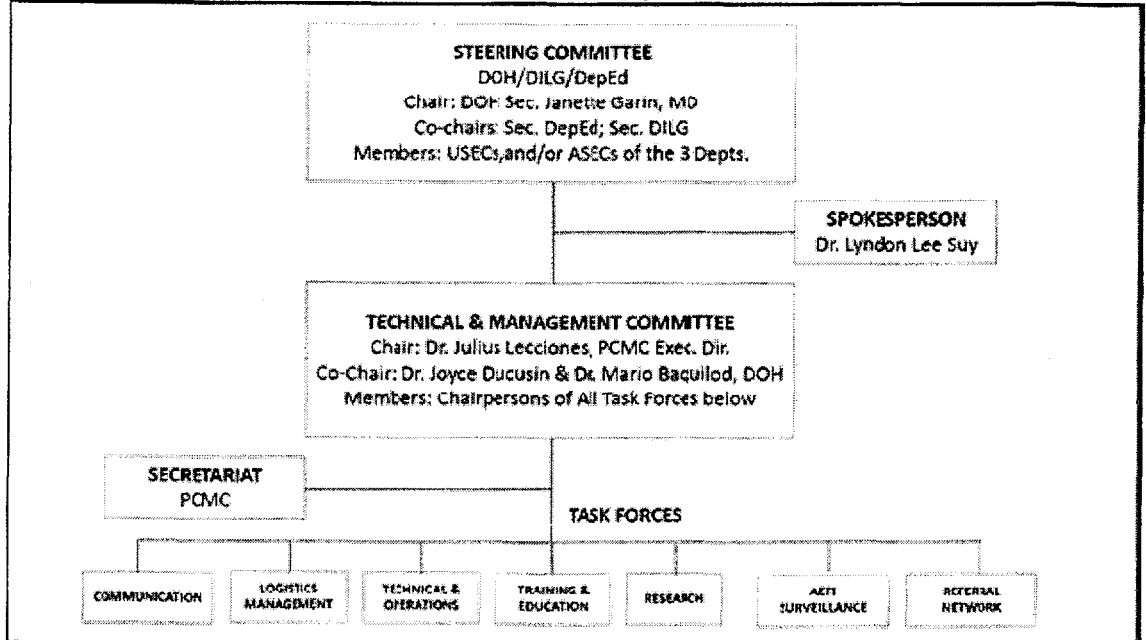
Table 2: Schedule of Vaccination and Submission of Report

	Schedule of Vaccination	Final submission of report per round
Round 1	April - June, 2016	July 11, 2016
Round 2	October - December, 2016	January 9, 2017
Round 3	April - June, 2017	July 10, 2017

F. IMPLEMENTING MECHANISM

For efficient implementation of the school-based immunization for dengue vaccine the following structure has been created at the national level and shall be duplicated at the subnational level.

Figure 2: Dengue School based Immunization Management Committee



A. Department of Health (DOH)

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 of the distribution of the immunization logistics.

The National DOH and the collaborating bureaus, and units are tasked to do the following:

a. Infectious Disease Division (IDD), Disease Prevention and Control Bureau (DPCB)

1. Coordinates with the EPI in the development of dengue vaccination policies and guidelines.
2. Coordinates with the EPI for the orientation of Regional Dengue, EPI and Surveillance coordinators, DepEd and other stakeholders on the school based immunization for dengue vaccine.
3. Sets up a speakers bureau.

b. Expanded Program on Immunization (EPI), Women, Men and Children Health and Development Division (WMCHDD)

1. Oversees the overall implementation of the School based immunization activity.
2. Develops the guidelines, policies and standards for school-based immunization in collaboration with DPCB and DepEd.

3. Coordinates with Research Institute for Tropical Medicine (RITM) on the distribution of vaccines.
4. Coordinates with Epidemiology Bureau for any reported AEFI cases.
5. Ensures timely distribution of Dengue vaccines and other immunization collaterals to the Regional Offices.
6. Analyzes and feedbacks the accomplishment reports of the immunization activity.
7. Monitors and evaluates the implementation of the School based immunization activity.

c. Epidemiology Bureau (EB)

1. Spearheads the conduct of Dengue Vaccine Baseline Study to establish the common illnesses experienced by Grade 4 pupils in the selected schools of Regions III, IV-A and NCR.
2. Oversees the implementation of AEFI surveillance at the local and sub-national levels.
3. Collects AEFI reporting forms, analyze reports and submit to DPCB, FHO, FDA and to Secretary of Health as needed.
4. Convenes the National AEFI Committee for the causality assessment of reported AEFI cases.

d. Food and Drug Administration (FDA)

1. Communicates international vaccine safety signals to FHO, DPCB, NEC and other stakeholders.
2. Communicates all suspected vaccine reactions reported through the pharmacovigilance unit to FHO, DPCB, NEC and other stakeholders.
3. Participates in the investigation of AEFIs through National and Regional Food and Drug Regulation Officers (FDRO).
4. Performs an independent analysis of implicated vaccines with possible collaboration with RITM and other accredited reference laboratories.
5. Imposes the necessary regulatory actions in cases of AEFI such as requiring all hospitals and health facilities to submit pertinent clinical documents and medical records related to AEFI cases.
6. Actively participates in the National AEFI Committee meeting.
7. Provides feedback to all stakeholders on safety, quality and efficacy of implicated vaccine/s.
8. Issues timely advisory to the public regarding use of AEFI implicated vaccine.

e. Health Promotion and Communication Service (HPCS) shall develop advocacy and communication plans and IEC materials for distribution to the regional offices.

f. Bureau of Local Health Systems Development (BLHSD) shall ensure the preparedness and acceptance of the various local government units of the vaccination activity.

g. Logistics Management Division (LMD) shall be responsible for the timely delivery and adequate supply of other logistics in coordination with national cold chain manager.

- h. Knowledge Management and Information Technology Service (KMITS)** shall be responsible in developing the school based immunization for dengue vaccination registry. The database shall be submitted to the National EPI DOH.
- i. Department of Health Regional Offices (DOH-RO)** shall:
 - 1. Ensures that health workers at local or subnational levels are oriented on School Based Immunization for Dengue vaccination.
 - 2. Monitors the school-based immunization for dengue at the different public schools.
 - 3. Provides epinephrine kits during the conduct of immunization.
- j. DOH and Government/Hospitals** shall manage severe AEFIs and shall submit report to DOH as per Administrative Order on AEFI surveillance and response.

B. Department of Education (DepEd) shall:

- 1. Assist and facilitate the implementation of the dengue vaccination in all public elementary schools in NCR, Region III and IVA.
- 2. Issue a memorandum about the activity and inform pupils, parents, teachers, and school clinic staff about the free school based immunization for dengue.
- 3. Accomplish and submit masterlist of all Grade 4 pupils SY 2015-2016 to the local health units using the appropriate form.
- 4. Identify the immunization sessions schedule and ensure the school readiness for vaccination.
- 5. Follow-up deferred pupils for dengue vaccines:
 - Pupils who were initially deferred for vaccination but are willing to be vaccinated shall be followed up by the teacher-in-charge and *referred* to RHU/MHC for the Dengue vaccine within 2 weeks after the scheduled vaccination in school or as appropriate.
 - Health workers and advisers/ clinic teachers/ school nurses shall determine the most appropriate vaccination strategy for identified deferred pupils. These shall be included in the consolidated accomplishment report by the RHU.

C. Department of the Interior and Local Government (DILG)

- a. Municipality/City shall provide support in the actual vaccination activities through deployment of vaccination teams.
- b. Municipality/City shall ensure timely submission of accomplishment reports to the Provincial/City Health Office.
- c. Provincial/City Health Office shall ensure timely submission of accomplishment reports to their respective Regional Health Offices (Dengue, EPI/RESU coordinator).
- d. Province/City/Municipal Epidemiology & Surveillance Units (ESU) shall investigate and report detected AEFI to the next higher level.
- e. Conduct advocacy/promotion activities emphasizing the prevention of dengue infection and vaccination.

f. District hospitals shall manage minor AEFI and refer severe AEFI to next higher level.

D. Private Sector/Professional Organization shall provide technical assistance in the conduct of lectures and awareness campaigns on dengue vaccination.

For your guidance and strict compliance.

By Authority of the Secretary of Health:



GERARDO V. BAYUGO, MD, MPH, CESO III
Assistant Secretary of Health
Office for Technical Services B



REPUBLIKA NG PILIPINAS
REHIYON _____



PAHINTULOT NG MAGULANG

DIBISYON: _____

PAARALAN: _____

ADDRESS: _____

PETSA: _____

PANGALAN NG MAG-AARAL: _____

TIRAHAN NG MAG-AARAL: _____

PANGALAN NG MAGULANG/ TAGAPAG-ALAGA: _____

Mahal na Magulang/Tagapag-alaga:

Ang paaralang ito ay magsasagawa ng libreng pagbabakuna laban sa dengue sa lahat ng mag-aaral na nasa ika-apat na baitang na may siyam (9) na taong gulang o higit pa sa School Year 2015-2016 sa rehiyong ito. Ang bakuna laban sa dengue ay ibibigay ng tatlong beses (1-unang bakuna, 2- pagkaraan ng anim na buwan mula sa unang bakuna, at 3- pagkaraan ng 12 buwan mula sa unang bakuna).

Ang pahintulot ng magulang na ito ay ibinibigay sa inyo upang humingi ng permiso para sa planong pagbabakuna na isasagawa sa _____. Para sa katanungan /kalinawan ukol dito ay maaring makipag-ugnayan sa tanggapan ng

(Petsa)

Principal/Punong-guro.

Maraming salamat.

Lubos na gumagalang,

PANGALAN AT LAGDA NG PRINCIPAL/PUNONG-GURO

PAGSANG-AYON AT PAHINTULOT NG MAGULANG

Ito ay katunayan sa pagbigay ng pahintulot ng magulang ukol sa pagsasagawa ng libreng pagbabakuna laban sa dengue na isasagawa sa paaralan.

Nauunawaan ko ang impormasyon na tatlong (3) beses ng bakuna sa dengue ang ibibigay sa aking anak.

(Lagyan ng tsek ang kahon sa ibaba)

Oo, sumasang-ayon ako na mabakunahan ng Dengue Vaccine ang aking anak sang-ayon sa rekomendasyon ng Kagawaran ng Kalusugan.

Hindi ako sumasang-ayon na mabakunahan ang aking anak ng bakuna laban sa Dengue.

Mga Dahilan:

Kasalukuyang tumatanggap ng pagsasalin ng dugo sa loob ng tatlong buwan

Buntis/ Nagpapasuso

Umiinom ng corticosteroids/ Nagpapa-Chemotherapy

Nakatanggap ng ibang bakuna ngayong buwan

Iba pang dahilan (Ipaliwanag): _____

PANGALAN AT SEKSYON NG MAG-AARAL

PANGALAN AT LAGDA NG MAGULANG/TAGAPAG-ALAGA/ PETA

Recording Form 1

MASTER LISTING FORM on School-based Immunization for Dengue Vaccine
Grade 4 Pupils (9 years old and older)

Region: _____ Name of School: _____
 Province/City: _____ Division: _____
 Municipality: _____ Total no. of enrolled pupils: _____
 Section: _____

To be filled up by the Vaccination Team:
 Lot No.: _____ 1st Dose _____ 2nd Dose _____ 3rd Dose _____
 Batch No.: _____
 Expiry Date: _____

To be filled up by the School Nurse/Class Adviser

No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YY	Age	Sex	Parent's Response to Consent		1st Dose			2nd Dose			3rd Dose			Remarks				
						Y	N	Screened* Y/N	Date Given	Deferred*	Screened* Y/N	Date Given	Age	Deferred*	Screened* Y/N	3rd dose		Age	Deferred*		

- Instructions:*
- Conduct a quick assessment before vaccination
 - For any deferred pupil, indicate the reason by writing the appropriate number corresponding to the reason given
 - Do not leave any blank; indicate NA if not applicable.

- * During screening, ask each pupil the following and use these numbers (code) for reason (s) for deferral:*
- Fever
 - Cough
 - Rashes
 - Headache
 - Received any vaccine less than one month ago
 - Recipient of blood products for the last three months
 - Taking corticosteroids or chemotherapy
 - History of bleeding disorder
 - Pregnant or breastfeeding
 - With history of allergy to previous dose
 - With history of allergy to previous dose
 - With history of allergy to previous dose
 - With history of allergy to previous dose
 - With history of allergy to previous dose
 - With history of allergy to previous dose

Name and Signature of School Nurse/Class Adviser

Name and Signature of Vaccinator

Name and Signature of Recorder

Date: _____

Region: _____
Province/City: _____
Municipality: _____

Name of School: _____
Division: _____
Date: _____

Name of Section	Total no. of available pupils	No. of pupils with content			1st dose	Total no. of pupils vaccinated			Total no. of deferred			Total no. of AEFI			Remarks
		Male	Female	Total		%	2nd dose	%	3rd dose	%	1st dose	%	2nd dose	%	
TOTAL															

Prepared by: _____
Name: _____
Position: _____

Noted by: _____
Name: _____
Position: _____

(Please tick reporting level)

Region: _____

Province/ City: _____

Municipality: _____

Barangay: _____

Date: _____

Name of Province/Municipality and City/ Health Facilities (FHU/PHU)	Total no. of schools	Total no. of enrolled pupils	No. of pupils with consent			Total no. of pupils vaccinated			Total no. of deliveries			Total no. of AIT			Remarks				
			Male	Female	Total	1st dose	%	2nd dose	%	3rd dose	%	1st dose	%	2nd dose		%	3rd dose	%	
Total																			

Prepared by: _____

Name: _____

Position: _____

Noted by: _____

Name: _____

Position: _____