



Republic of the Philippines  
**Department of Education**

26 OCT 2017

DepEd MEMORANDUM  
No. **173** s. 2017

**INCLUSION OF HUMAN PAPILOMA VIRUS VACCINATION IN SCHOOL-BASED IMMUNIZATION PROGRAM**

To: Undersecretaries  
Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
Secretary DepEd, ARMM  
Schools Division Superintendents  
Public Elementary and Secondary School Heads  
All Others Concerned

1. The Department of Education (DepEd) supports the School-Based Immunization Program of the Department of Health (DOH) as the government's response to ensure prevention of morbidity and mortality of school age children due to vaccine-preventable diseases.
2. The School-Based Immunization Program is implemented through the provision of Measles *Rubella* (MR) and Tetanus Diphtheria (Td) vaccines to all Grades 1 and 7 learners nationwide. The vaccines are provided for free and the vaccination is conducted every August as a routine activity of the Program. DepEd Memorandum No. 128, s. 2016 entitled Implementation of School-Based Immunization Program, was issued for this purpose.
3. The DOH has introduced Human *Papilloma* Virus (HPV) vaccination in 2015 for girls with ages 9-10 years old in health facilities of priority provinces and cities. This School Year (SY) 2017-2018 onwards, the DOH, in collaboration with DepEd shall include HPV vaccination for female Grade 4 students ages 9-13 years old in all public schools as part of the School-Based Immunization Program.
4. The guidelines of the School-Based Immunization Program for the MR-Td given to Grades 1 and 7 are the same as those enclosed in DepEd Memorandum No. 82, s. 2015 entitled Guidelines on the Implementation of School-Based Immunization Program.
5. The guidelines for the inclusion of HPV vaccines in the School-Based Immunization Program is contained in the enclosure.
6. Regional directors (RDs), schools division superintendents (SDSs) and other school officials are enjoined to provide full support in the conduct of the said activity. Health personnel are expected to coordinate with DOH regional and provincial health offices for the implementation of the school-based immunization program. This activity shall be monitored by the DOH and by the DepEd central, regional and schools division offices.

7. Parental consent must be secured prior to the conduct of the vaccination.
8. Immediate dissemination of this Memorandum is desired.



**LEONOR MAGTOLIS BRIONES**  
Secretary

Encl.:  
As stated

References:  
DepEd Memorandum: (Nos. 128, s. 2016; 82, s. 2015)

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

HEALTH EDUCATION  
OFFICIALS  
PROGRAMS  
SCHOOLS  
STUDENTS

**IMPLEMENTING GUIDELINES ON THE  
SCHOOL-BASED IMMUNIZATION PROGRAM**

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**I. TARGET COVERAGE**

To immunize school children enrolled in Grade 1, Grade 4, and Grade 7 with the DOH recommended appropriate vaccines as specified:

- Grade 1 - Measles Containing Vaccine (MCV) and Tetanus-diphtheria (Td)
- Grade 4 - All 9 to 13 years old, female Human Papillomavirus vaccine
- Grade 7 - Measles-Rubella (MR) and Tetanus diphtheria (Td) vaccines

**II. GENERAL GUIDELINES**

1. All school children enrolled in Grade 1, Grade 4, and Grade 7 shall be vaccinated with appropriate vaccines as specified:

1.1 All eligible school children (male and female) should be:

- a. Screened for their measles vaccination history at the time of school entry and vaccinated if evidences show zero or only 1 dose to ensure that these learners received at least 2 MCV by school entry. (Other missed antigens shall be administered, but optional).
- b. Administered with one (1) dose of Tetanus-diphtheria (Td) vaccines.

1.2 All 9 to 13 years old, female school children enrolled in Grade 4 shall be vaccinated with 2-dose quadrivalent HPV following the DOH recommended immunization schedule.

1.3 All male and female students enrolled in Grade 7 regardless of age shall be vaccinated with one (1) dose each of Measles-Rubella (MR) and Td vaccines on the same immunization session.

2. School-based vaccination shall be a FREE routine service to be administered by the health center catchment and the school.

3. Only students with parental/guardian consent shall be vaccinated.

4. In case of zero or 1 dose or vaccination refusal, or no immunization card presented, the student shall not be suspended, grounded, nor reprimanded.

5. 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.
6. 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.
7. 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.

### **III. SPECIFIC GUIDELINES**

#### **a. Vaccination for Grade 1 Students by school entrance**

- All Grade 1 clinic teachers/school nurses shall issue notification letter of health services to be received by the students including immunization upon enrollment.
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within 1 month after enrollment.
- Clinic teacher shall list all the enrolled students in Grade 1 using Recording Form 1 (Masterlist of Grade 1).
- The teacher-in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 to the RHU/MHO.
- Students with recorded 2 doses of MCV: DO NOT VACCINATE.
- Students with zero dose (0) of MCV or no immunization card: Give the 1st dose of MCV (0.5ml Subcutaneous, right deltoid), and another dose at least 1 month after.
- Student with only 1 dose of MCV: give the MCV dose.

- All students shall receive Td 0.5 ml, deep Intramuscular, left deltoid.
- Follow-up of Deferred Students for MR vaccines: Teacher-in-charge shall follow-up the deferred students for vaccination but willing to be vaccinated and refer to RHU/MHC for the MCV dose within 2 weeks after the scheduled vaccination in school vaccination in school or as appropriate.
- Students who will be referred and vaccinated at the RHU shall be accompanied by the School Nurse and shall be included in the consolidated accomplishment report of the RHU.
- All students who receive the MCV and Td vaccines shall be recorded in Recording Form 1.

**b. Vaccination for Grade 4, Female, 9 -13 years old**

- All 9-13 years old female students in Grade 4 with parental/guardian consent shall be vaccinated with 2-doses of the quadrivalent Human Papilloma Virus (HPV) vaccine in the designated immunization posts in all public schools.
- All students shall receive HPV 0.5 ml, Intramuscular, left deltoid arm.
- All students who received the first dose of HPV and shall be given the second dose after 6 months.
- All students who receive the HPV vaccine shall be recorded in Recording Form 2.

**c. Vaccination for Grade 7 Students with Td and MR**

- All males and females shall be vaccinated with both MR and Td vaccine in the designated immunization post and record in the Recording Form 3.

- Students with parental/guardian consent, to be vaccinated but were missed during the scheduled immunization should be followed-up and referred to the health center catchment for the needed vaccination.
- Health workers shall be sensitive in asking questions about history of sexual activities.
- Students who received the Td and MR vaccines, refused for vaccination shall be recorded in the Recording Form 3.
- All students shall receive the MR vaccine, 0.5 ml, subcutaneous, right -deltoid arm and the Td vaccine, 0.5 ml, intramuscular, left-deltoid arm.

**d. Vaccine Storage and Transport**

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

**e. Immunization Safety**

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

- Always use the auto-disable syringe (AD) in all immunization sessions.
- Do not pre-fill syringes.
- Do not recap needles.
- Dispose used syringes and needles into the safety collector box.
- Proper disposal of safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes.
- Use of aspirating needles and pre-filling of syringes are strictly prohibited.
- Used needles and syringes, empty vaccine vials, and used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes.

**f. Recording and Reporting Accomplishment Reports**

- 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.
- Flow of submission of Reports (please see attached annexes).
- Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office after 2 weeks.

**g. Adverse Events Following Immunizations (AEFI)**

- 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 recess to ensure that these eligible students have taken their snacks/food to rule-out fainting secondary to hypoglycemia.
- The schools shall identify a medical team responsible for management and response of any AEFI. This can be coordinated with the local health unit, with the province/city/municipality for the schedule of the immunization in schools.
- The existing DOH guidelines in AEFI investigation, recording and reporting shall be used for this purpose.
- Anaphylaxis Response Kit: The availability of protocols, equipment, and drugs necessary for the management of anaphylaxis should be checked before each vaccination session. An anaphylaxis response kit should be on hand at all times and should contain the following:
  - > Epinephrine 1:1000 (minimum of three ampules – check expiry dates)
  - > Minimum of three 1 mL syringes and 25 mm length needles (for intramuscular [IM] injection)
  - > Cotton swabs
  - > Pen and paper to record time of administration of epinephrine
  - > Copy of epinephrine doses
  - > Copy of 'Recognition and treatment of anaphylaxis



- Give epinephrine as indicated:

<b>Drug, Site and route of administration</b>	<b>Frequency of administration</b>	<b>Dose (Adult)</b>	<b>Dose (child)</b>
<b>Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the middle 3<sup>rd</sup> of the thigh immediately</b>	Repeat in every 5-15 min as needed until there is resolution of the anaphylaxis <b>Note:</b> <i>Persisting or worsening cough associated w/ pulmonary edema is an important sign of epinephrine overdose &amp; toxicity</i>	0.5 ml	According to age; < 1 year: 0.05 ml  2-6 years: 0.15 mL  6-12 years: 0.3 mL  Children >12 years: 0.5 ml

\*Note: The needle used for injection needs to be sufficiently long to ensure that epinephrine is injected into muscle. This treatment guide is optional & countries may practice their own country-specific protocols for treatment of anaphylaxis with drugs of choice, steps to be followed, etc.

- If the patient is conscious after the epinephrine is given, place the head lower than the feet and keep the patient warm.
  - Give oxygen by facemask, if available
  - Transfer the patient to nearby hospital for further management, but never leave the patient alone. If there is no improvement in the patient's condition within 5 minutes, repeat giving a dose of epinephrine (maximum of 3 doses). Recovery from an anaphylactic shock is usually rapid after epinephrine.
- The proportions of reaction occurrence with the vaccines are indicated in Annex.

#### IV. ROLES AND FUNCTIONS

To successfully implement this school-based vaccination, the following critical roles and functions of each agency and partners shall be identified:

- 1. Department of Health (DOH):** The national DOH and the collaborating Bureaus or Units are tasked on the following:

DOH shall provide the necessary vaccines and other immunization logistics (e.g., N/S, epinephrine, safety collector boxes, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.

- a. Disease Prevention and Control Bureau (DPCB)** shall develop the guidelines, policies, and standards for school-based immunization in collaboration with the DepEd, procure the recommended vaccines and corresponding immunization logistics, monitor and evaluate the vaccination, coordinate with key partners and other stakeholders and report to the Secretary of Health as needed.
- b. Epidemiology Bureau** shall review/revise and incorporate the official recording and reporting forms/tools to include the school-based immunization targets, collect all the accomplishment reports and AEFIs and submit to DPCB and to the Secretary of Health as needed.
- c. Health Promotion Unit** shall develop the advocacy, communication plans and IEC materials for replication by the regional health offices.
- d. Bureau of Local Health Development** shall ensure the preparedness and acceptance of the various local government units towards the school vaccinations.
- e. Regional Health Offices** shall be responsible for monitoring the school-based immunization at the different public schools. The Regional Offices shall ensure that health worker at the local level have been oriented about the school-based immunization.

- 2. Department of Education (DepEd)** shall assist in and facilitate the implementation of the immunization in school, issue memorandum about the activity, inform students/parents/teachers/school clinic

staff, screen students at school entry, submit reports to the local health units.

- 3. Department of Interior and Local Government (DILG)** shall issue a memorandum to all the local chief executive for their active participation to the activity including the organization of the vaccination teams for deployment to school and completion of the activity and ensure high immunization coverage per grade level.
- 4. 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
- 5. Parents-Teachers Association:** Members of the association shall be oriented and raise awareness in the guidelines for school-based immunization.
- 6. Private Sector/Professional Organization:** All health professionals shall ensure that every child/student received the appropriate vaccines and other child health interventions. They shall submit the number of children/student immunized in the private clinics and health facilities to the nearest government health centers.

In the event that a national organization convention coincides with the conduct of the national school-based immunization, the members shall be responsible to ensure that all the students shall be provided with the needed intervention.

## School-Based Immunization RECORDING Form 1: Masterlist of Grade 1 Students

Region: \_\_\_\_\_ Name of School: \_\_\_\_\_ Section: \_\_\_\_\_  
 Province/City: \_\_\_\_\_ Division: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_ Date: \_\_\_\_\_  
 To be filled up by the Vaccination Team  
 MR Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_  
 TD Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_

*To be filled up by the School Nurse/ Class Adviser*

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Date of previous MCV received			Parents' Response SIPP		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given			Refusal	Reasons
						Zero dose	MCV 1	MCV 2	Y	N		MCV1	MCV2	Td				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

\_\_\_\_\_  
Name and Signature of Supervisor

\_\_\_\_\_  
Name and Signature of Vaccinator 1

\_\_\_\_\_  
Name and Signature of Vaccinator 2

\_\_\_\_\_  
Name and Signature of Recorder

## School-Based Immunization RECORDING Form 2: Masterlist of Grade 4 FEMALE Students (9-13 yrs. old)

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

Name of School: \_\_\_\_\_ Section: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Date: \_\_\_\_\_

To be filled up by the Vaccination Team  
 HPV  
 Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response		History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred	Refusal	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Name and Signature of Supervisor \_\_\_\_\_

Name and Signature of Vaccinator 1 \_\_\_\_\_

Name and Signature of Recorder \_\_\_\_\_

Name and Signature of Vaccinator 2 \_\_\_\_\_

Name and Signature of Recorder \_\_\_\_\_

**School-Based Immunization  
RECORDING Form 3: Masterlist of Grade 7 Students**

Region: \_\_\_\_\_ Name of School: \_\_\_\_\_  
 Province/City: \_\_\_\_\_ Division: \_\_\_\_\_ Section: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled up by the Vaccination Team  
 MIR \_\_\_\_\_  
 Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_  
 Td \_\_\_\_\_  
 Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_

*To be filled up by the School Nurse/Class Adviser*

No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response Slip		History of allergies (Food, meds, previous immunization MR/Td)	Sick today? (Fever)		Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y / N)	Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Y	N		Y	N			MIR (R arm)	Td (L arm)			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

Name and Signature of Supervisor \_\_\_\_\_ Name and Signature of Vaccinator 1 \_\_\_\_\_ Name and Signature of Vaccinator 2 \_\_\_\_\_ Name and Signature of Recorder \_\_\_\_\_



## FLOW AND SUBMISSION OF REPORTS

Levels of Implementation	Type of report	Responsible Person	To be Submitted to	Schedule of Report
School	Recording Form 1: Masterlist of Grade 1 Students	Teacher/ School Nurse	Midwife	Weekly
	Recording Form 2: Masterlist of Grade 4 Students			
	Recording Form 3: Masterlist of Grade 4 Students			
RHU	Consolidated Accomplishment report by Schools per Municipalities	RHU Midwife	Provincial/City Adolescent Coordinator	Weekly
PHO/CHO	Consolidated Accomplishment report by Municipalities	Provincial/City Adolescent Coordinator	Regional Adolescent Coordinator	Weekly
RHO	Consolidated Accomplishment report by Prov/City	Regional Adolescent Coordinator	National Adolescent Coordinator	After 2 weeks