OUAD00-0421-00 69
To authenticate this document, please scan the QR Code

Republika ng Pilipinas
Kagawaran ng Edukasyon
Tanggapan ng Pangalawang Kalihim

DepEd Task Force COVID-19
MEMORANDUM No. 372
19 April 2021

For: **Secretary LEONOR MAGTOLIS BRIONES**
Undersecretaries and Assistant Secretaries
Bureau and Service Directors
Regional Directors and BARMM Education Minister
Schools Division Superintendents
School Heads

Subject: **GUIDANCE ON COVID-19 VACCINATION FOR DEPED TEACHING AND NON-TEACHING PERSONNEL**

Health authorities, including the Department of Health (DOH), have repeatedly emphasized that COVID-19 vaccination is one of the major strategies to complement the existing measures and practices to mitigate the spread and reduce morbidity and mortality due to coronavirus infection.

The government's directions pertaining to COVID-19 vaccination are laid out in the **Philippine National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines** and further elaborated in DOH issuances.

DepEd personnel have three levels of participation in the ongoing implementation of the NDVP:

1. **AS RECIPIENTS OR BENEFICIARIES** - Personal level or as qualified recipients of the vaccine

2. **AS MEMBERS OF THE FOLLOWING BODIES IN THE VACCINATION PLAN:**

   a. **Task Group and Sub-Task Groups of the Immunization Program** – Designated DepEd representatives are found in Annex 1.

   b. **Vaccination Team** – As volunteer members of their respective local vaccination teams through the practice of their professions and

relevant skills sets (e.g., as medical professionals, as educators, or as guidance counselors.)

c. **Vaccination Operations Center (VOC)** – As members of the Planning, Campaign Management, and Technical Team of the VOC at the various levels of governance

3. **AS CHAMPIONS FOR ADVOCACY ON VACCINATION –** The Public Affairs Service (PAS) is working with the DOH on this initiative. A DepEd Communications Plan for increasing awareness and rallying DepEd personnel to be champions for vaccination, and encouraging everyone be informed and get vaccinated is in the works. A separate memo shall be issued on this program.

Consistent with the pronouncements of Secretary Leonor Magtolis Briones in previous meetings and activities related to the government's vaccination program, the Department shall release an issuance providing comprehensive guidance to the field regarding all these three levels of participation expected of DepEd and its personnel.

As Recipients or Beneficiaries

In support of the forthcoming comprehensive DepEd issuances, and recognizing that local governments have commenced the implementation of their respective micro-plans in line with the NDVP, the DepEd Task Force COVID-19 (DTFC), through the Department's representatives in the Task Group Immunization Program, issues this guidance to the field particularly on the first level of their participation in NDVP: **As qualified recipients of the vaccine.**

The vaccination remains to be the personal and voluntary decision of every personnel.

In this light, the DTFC enjoins everyone to be proactive in learning about the vaccine and the vaccination program, and to make an informed choice about the matter.

1. **DepEd personnel who wish to be vaccinated are advised to register for free vaccination through their respective local government units (LGUs.)**

   Per DOH DM 2021-0157, LGUs are the lead in the master listing of the respective general population, consistent with their roles in profiling the health status of their constituents as stipulated in the Universal Health Care Act.

   One way the LGUs do this master listing is through the open call to eligible populations through the use of appropriate media platforms and house-to-house visits by community health workers, consistent with minimum public health standards.

DOH DM 2021-0157 further provides that all Filipinos shall indicate their interest to be vaccinated through their LGUs based on the address of their permanent or current residence or workplace.

In this regard, DepEd personnel who wish to be vaccinated are reminded to keep themselves updated about the announcements and promptly respond to calls of their respective LGUs for both registration and the actual vaccination whenever they are eligible.

2. **DepEd personnel are advised to take note of which priority population group they belong to and to register accordingly.**

As of April 15, 2021, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases has identified "frontline personnel in basic education and higher education institutions and agencies" as part of Priority Group A4 (Annex 2 - IATF Resolution No. 110, s. 2021), approving the appeal of Secretary Briones. This inclusion of the basic education front liners in the A4 priority category means that the vaccine prioritization for education frontliners has been adjusted from B1 to A4.

Phase 1 - Priority Eligible A	
A1	Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc.
A2	Senior citizens aged 60 years old and above
A3	Adults with comorbidities not otherwise included in the preceding categories
A4	Frontline personnel in essential sectors both in public and private sectors, **including education frontliners** and uniformed personnel, and those in working sectors identified by the IATF that are directly client facing and cannot dutifully meet minimum public health standards
A5	Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) not otherwise included in the preceding categories

In this light, **DepEd frontline personnel may register for vaccination under the A4 category**, subject to the review and approval of their respective LGUs registration process.

In addition, personnel are reminded that **if they fit the criteria for higher Priority Groups (A1 to A3), they do need not to wait for roll-out for the later priority groups** where they could also possibly belong (A4 and lower.)

a. **DepEd school health personnel who belong to Priority Group A1** (NTF COVID-19 National VOC Advisory No. 20, s. 2021.) Those who have not had their vaccination may coordinate with their LGUs and proceed to the vaccination site as soon as possible. They are requested to bring their Professional Regulation Commission (PRC) ID and the vaccination team will readily accommodate them.

b. **DepEd personnel who fit the A2 requirement of 60 years old and above also have the option to register ahead of the teaching and non-teaching group**. Their vaccinations will be immediately scheduled by the local government unit.

c. **DepEd personnel who fit the requirements for A3 prioritization may register early so that they will be promptly given immunizations**, subject to the availability of vaccine supplies. This Priority Group (A3) is required to present to the vaccination team documents indicating the status of their comorbid health conditions. Below are examples of **comorbid conditions** under Priority Group A3, as lifted from the DOH DM 2021-0175 (April 8, 2021):

    i. Chronic respiratory disease and infection such as asthma and respiratory allergies, Chronic Obstructive Pulmonary Disease, Interstitial Lung Diseases, Cystic Fibrosis, or Pulmonary Hypertension, Pulmonary Tuberculosis, Chronic bronchitis, Histoplasmosis, Bronchiectasis

    ii. Cardiovascular disease such as hypertension, coronary heart diseases, cardiomyopathies, peripheral artery disease, aortic diseases, rheumatic heart disease, congenital heart disease

    iii. Chronic kidney disease

    iv. Cerebrovascular diseases such as stroke and transient ischemic attack

    v. Cancer of malignancy

    vi. Diabetes Mellitus Type 1 and Type 2

    vii. Obesity

    viii. Neurologic diseases such as dementia, Alzheimer's Disease,

Parkinson's Disease, Epilepsy and Seizures, Bell's palsy, Guillain-Barre Syndrome, or acute spinal cord injury

ix. Chronic liver disease such as hepatitis cirrhosis, non-alcoholic fatty liver disease

x. Immunodeficiency state such as genetic immunodeficiencies, secondary or acquired immunodeficiencies (i.e. prolonged use of corticosteroids), HIV infection, Solid organ or blood transplant patients

xi. Other diseases such as sickle cell disease, Thalassemia, or Down Syndrome

d. **DepEd personnel who fit the criteria for Priority A5 may also register as soon as possible** so that they can be accommodated right away, subject to availability of vaccine supplies.

The above criteria for the priority population groups for COVID-19 immunization are determined by national issuances, and they may be amended at any time in the future.

Regardless of the priority group one belongs to, the important thing is to register in one's respective LGU of place of residence or LGU of place of work.

3. DepEd personnel are enjoined to keep themselves updated about the latest guidelines from the DOH about vaccination, especially on eligibility, deferment, and the requirements for medical clearance and certification, among others.

DepEd personnel, especially those who have registered or will register for vaccination are expected to be properly informed and updated about the latest vaccination qualifications, requirements, procedures, and restrictions.

For proper guidance, copies of all DOH issuances including updates to existing guidelines as well as additional guidelines on vaccination can be accessed at http://bit.ly/covidvaccinepolicies.

Some of these issuances are attached to this DTFC memorandum for ready reference:

a. Department Memorandum 2021-0099 - Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19 (Annex 3)

b. Department Circular 2021-0101 - Clarification on Provisions of Department Memorandum 2021-0099 titled the Interim Omnibus

Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19 (Annex 4)

c. Department Memorandum 2021-0157 - Implementing Guidelines for Priority Group A3 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines (Annex 5)

d. Department Memorandum 2021-0175 - Further Clarification on the National Deployment and Vaccination Plan for COVID-19 Vaccines and Additional Guidelines for Sinovac Implementation (Annex 6)

Note that the Google Drive is regularly updated by the DOH to include the latest issuances on vaccination. Therefore, it is reiterated that the issuances annexed to this DTFC memorandum are provided only for reference, and are not meant to be the final or conclusive list of references on vaccination, as subsequent issuances may be released to make necessary updates or changes.

The same issuances are disseminated to and complied with by the LGUs. Therefore, it is expected that the information accessed by DepEd personnel from their respective LGUs are in line with the most updated issuances of the DOH.

Popularized versions of key provisions of these issuances are also regularly posted on the DOH Facebook page. DepEd personnel are enjoined to rely only on the posts made by official sources such as the DOH Facebook page, and to ensure that it is the most recent or updated posts or issuances that they are referring to.

For reference, attached is an infographic shared by the DOH on who can get vaccinated, who shall defer vaccination, and who cannot be vaccinated, per latest guidelines. (Annex 7)

DepEd is also set to implement its comprehensive communication plan in support of the information dissemination efforts of the DOH.

4. DepEd personnel are instructed to keep a record of their vaccination details for future reporting within DepEd.

The COVID-19 Vaccine Information Management System - Immunization Registry is the official platform for master listing and pre-registration of individuals for COVID-19 vaccination.

Though LGUs lead in the master listing and scheduling of priority groups, DepEd is coordinating with concerned agencies to have its own database of vaccination-related data. Details will be provided in subsequent

issuances.

For now, DepEd personnel are advised to keep a personal record of the details of their vaccination (e.g., registration, vaccination card) and to be prepared to report the same to DepEd once the Department's database systems are in place.

5. DepEd personnel are reminded to continue to strictly observe the required health standards before, during, and even after vaccination.

The DOH has reminded the public about the possible scenarios of being infected with the COVID-19 virus in relation to vaccination. It is still possible to get infected 14 days before the 1st dose if a person removes his/her face mask in public, and also after the 1st and 2nd doses before the onset of optimal protection, which takes effect from 7 to 21 days after the last dose, depending on the vaccine. Thus, everyone is reminded to be cautious during the time before, in between, and after vaccination.

Once vaccinated, a person is protected from the virus but may still be a danger to others as a possible carrier. Thus, the required public health standards, which include physical distancing, hand hygiene, cough etiquette, and wearing of masks and face shields among others, shall remain strictly implemented.

6. DepEd personnel are assured by the DOH that any Adverse Event Following Immunization (AEFI) shall be properly managed.

DOH guidelines provide for mechanisms to ensure that all vaccine recipients are properly monitored for manifestation of any AEFI and that any AEFI cases are properly referred and managed.

a. AEFI refers to any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. AEFIs are classified as a notifiable health event of public health concern in accordance with the 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act. (DOH DC 2021-0101.)

b. The health care providers who administered the COVID-19 vaccine to recipients are primarily in charge of regularly monitoring AEFIs among those individuals until one year after vaccination. (DOH DM 2021-0099)

c. All health care providers and vaccination sites have been instructed by the DOH to proactively detect and notify AEFIs from COVID-19 until one year after the latest dose of the vaccine recipient, as aligned with the instructions from the Emergency Use Authorization granted by the Food and Drug Administration for COVID-19 vaccines, through the established processes. (DOH DC 2021-0101)

d. LGUs and PhilHealth shall ensure all vaccine recipients shall be provided financial coverage especially in terms of AEFI and healthcare up to one year after vaccination. (DOH DM 2021-0157)

DepEd will also include AEFI reports in its monitoring of vaccination concerns and collection of data.

For further queries on these concerns, please contact the following DepEd's National Vaccination Team Members and Principal Representatives to the Sub-Task Group on Registry, Data Management, and M&E of Task Group Immunization Program:

- **Dr. Ella Naliponguit**, Director III, Bureau of Learners Support Services (BLSS), at (02) 8-635-3763 or email at ella.naliponguit@deped.gov.ph;

- **Abram Y.C. Abanil**, Director IV, Information and Communications Technology Service (ICTS), at (02) 8-631-9636 or email at abram.abanil@deped.gov.ph; or

- **Atty. Anne Rachel C. Miguel**, Director IV, Bureau of Human Resource and Organizational Development (BHROD), at (02) 8-633-7237 or email at anne.miguel@deped.gov.ph.

For guidance and reference of all.

ALAIN DEL B. PASCUA
Undersecretary
Chairperson, DepEd Task Force COVID-19

OUAD00-0421-00 69
To authenticate this document, please scan the QR Code

OUAD00-0221-00 56
To authenticate this document, please scan the QR Code

Republika ng Pilipinas

Kagawaran ng Edukasyon

Tanggapan ng Pangalawang Kalihim

DEPARTMENT OF EDUCATION
OFFICE OF SECRETARY
RECEIVED
11 FEB 2021
By: CAMINO Time: 11:33am
Doc. # 439603

OUA MEMO 00-0221-0056
MEMORANDUM
02 February 2021

For: **Leonor Magtolis Briones**
Secretary

Subject: **UPDATED LIST OF DEPED OFFICIAL REPRESENTATIVES FOR THE COVID-19 IMMUNIZATION PROGRAM**

As agreed in the 82nd Meeting of the IATF-MEID last 29 October 2020, DepEd Secretary submitted to DOH a letter dated 05 November 2020 designating DepEd's representatives to the COVID-19 Immunization Program Management Task Group. For the Task Group, the Secretary named Undersecretary Alain Pascua as permanent representative and BLSS-SHD Dir. Lope Santos III as alternate; while for the TWG she named Dr. Dumlao as permanent representative, with SHD Ms. Girlie Azurin and Mr. Gian Adao as alternates.

On 04 January 2021, DepEd Secretary—for the same purpose—wrote Vaccine Czar Secretary Carlito Galvez Jr., designating for the Task Group, Undersecretary Pascua as permanent representative and DRRMS Dir. Ronilda Co as alternate; while for the Sub-Task Group, DRRMS Mr. Orlando Barachina as permanent representative and BLSS-SHD Dr. Dumlao as alternate.

In view of the differing letters to DOH and to the Vaccine Czar, attached for your approval is the proposed updated list of official DepEd Representatives for the COVID-19 Immunization Program. Also attached are drafts of the Secretary's letters to Secretary Duque and Secretary Galvez Jr. endorsing the same.

For the consideration and approval of the Secretary.

ALAIN DEL B. PASCUA
Undersecretary

REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES
NATIONAL TASK FORCE AGAINST COVID-19

DESIGNATION OF AGENCY REPRESENTATIVES TO THE COVID-19 VACCINE CLUSTER

This is to officially designate the following officials and personnel who shall represent the Department of Education (DepEd) in the COVID-19 Vaccine Cluster's Task Group (TG) Immunization Program and its Sub Task Groups (STGs):

TG/STGs	Name	Position	Staff/Division	Contact No.	Email Address
TG Immunization Program (Principal)	**ALAIN DEL B. PASCUA**	Undersecretary	Office of the Undersecretary for Administration	8-637-6207	usec.admin@deped.gov.ph
TG Immunization Program (Alternate)	**LOPE B. SANTOS III**	OIC/Director	Bureau of Learners Support Services (BLSS)	8-635-3763	lope.santos@deped.gov.ph
	ELLA CECILIA G. NALIPONGUIT	Director III	Bureau of Learners Support Services (BLSS)	8-635-3763	ella.naliponguit@deped.gov.ph
STG **Policy, Planning and Technical Support** (Principal)	**DR. MARIA CORAZON C. DUMLAO**	Chief Health Program Officer	BLSS-School Health Division (SHD)	8-632-9935	maria.dumlao@deped.gov.ph
STG Policy, Planning and Technical Support	**GIAN ERIK M. ADAO**	Education Program Specialist II	BLSS-SHD	8-632-9935	gian.adao@deped.gov.ph

TG/STGs	Name	Position	Staff/Division	Contact No.	Email Address
(Alternate)					
STG **Registry, Data Management and M&E** (Principal)	**ABRAM Y.C. ABANIL**	Director IV	Information, Communication Technology Service (ICTS)	8-631-9636	abram.abanil@deped.gov.ph
	ATTY. ANNE RACHEL C. MIGUEL	Director IV	BHROD	8-633-7237	anne.miguel@deped.gov.ph
STG Registry, Data Management and M&E (Alternate)	**MARIBLANCA P. PIATOS**	Medical Officer IV	BLSS-SHD	8-632-9935	mariblanca.piatos@deped.gov.ph
	BELINDA C. BELTRAN	Nutritionist Dietitian	BLSS-SHD	8-632-9935	belinda.beltran@deped.gov.ph
	MARIA CLARISSE LIGUNAS	IT Officer III	ICTS-SDD	8-633-2092	mariaclarisse.ligunas@deped.gov.ph
STG **Program Implementation** (Principal)	**DR. MARIA CORAZON C. DUMLAO**	Chief Health Program Officer	BLSS-SHD	8-632-9935	maria.dumlao@deped.gov.ph
STG Program Implementation (Alternate)	**GIRLIE G. AZURIN**	Senior Education Program Specialist	BLSS-SHD	8-632-9935	girlie.azurin@deped.gov.ph

TG/STGs	Name	Position	Staff/Division	Contact No.	Email Address
	VONERICH B. BERBA	Education Program Specialist II	BLSS-SHD	8-632-9935	vonerich.berba@deped.gov.ph

The above designated officials shall be expected to fulfill their roles and responsibilities as members of the TG and the STGs.

Approved by:

LEONOR MAGTOLIS BRIONES
Secretary
DEPARTMENT OF EDUCATION
Date:

...

Republic of the Philippines
Department of Education
OFFICE OF THE SECRETARY

03 February 2021

SECRETARY FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health
Sta. Cruz, Manila

Dear **Secretary Duque**:

This refers to the Department of Education's (DepEd) designation of representatives to the COVID-19 Vaccine Cluster made via a letter dated 05 November 2020.

Following internal discussions, the Department respectfully submits its updated roster of representatives to the Task Group on the Immunization Program and its various Sub Task Groups.

Thank you very much.

Very truly yours,

LEONOR MAGTOLIS BRIONES
Secretary

Republic of the Philippines

Department of Education

OFFICE OF THE SECRETARY

03 February 2021

SECRETARY CARLITO G. GALVEZ JR.
Chief Implementer of the National Task Force Against COVID-19
Vaccine Czar

Dear **Secretary Galvez**:

This refers to the Department of Education's (DepEd) designation of representatives to the COVID-19 Vaccine Cluster under the National Task Force Against COVID-19 made via a letter dated 04 January 2021.

Following internal discussions, the Department respectfully submits its updated roster of representatives to the Task Group on the Immunization Program and its various Sub Task Groups.

Thank you very much.

Very truly yours,

LEONOR MAGTOLIS BRIONES
Secretary

REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

RESOLUTION NO. 110
Series of 2021
April 15, 2021

WHEREAS, Section 15 Article II of the 1987 Constitution states that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, Section 2(b) of Executive Order No. 168 (s.2014) mandates the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) to prevent and/or minimize the entry of suspected or confirmed patients with emerging infectious diseases into the country;

WHEREAS, on September 16, 2020, the President issued Proclamation No. 1021 (s.2020) extending the period of the State of Calamity throughout the Philippines until September 21, 2021;

WHEREAS, the Department of Health (DOH), the University of the Philippines-Philippine Genome Center (UP-PGC), and the University of the Philippines-National Institutes of Health (UP-NIH) biosurveillance has detected B.1.1.7, B.1.351, P.1, and P.3 variants of the COVID-19;

WHEREAS, the continued implementation of proactive measures and restrictions must be put in place to slow down the surge in COVID-19 cases, stop further spread of variants, buy time for the health system to cope, and to protect more lives;

WHEREAS, as of April 15, 2021, there are a total of One Hundred Eighty-Three Thousand Five Hundred Twenty-Seven (183,527) active COVID-19 cases in the Philippines.

NOW, THEREFORE, BE IT RESOLVED, as it is hereby resolved, that the IATF approves the following:

A. Upon the recommendations of the National Task Force Against COVID-19 Task Group Recovery Cluster on the Priority Group A4 of the National COVID-19 Vaccine Deployment Plan is approved with finality. Without prejudice to the more detailed list to be issued by the Recovery Cluster led by the National Economic and Development Authority, and the validation of the final number to be master listed

based on the availability of supply and approved priority framework, the final inclusions in the Priority Group A4 is listed hereunder:

A4.1 Commuter transport (land, air, and sea), including logistics;	A4.10 Customer-facing personnel of telecoms, cable and internet service providers, electricity distribution, water distribution utilities;
A4.2 Public and private wet and dry market vendors; frontline workers in groceries, supermarkets, delivery services;	A4.11. Frontline personnel in basic education and higher education institutions and agencies;
A4.3 Workers in manufacturing for food, beverage, medical and pharmaceutical products;	A4.12 Overseas Filipino Workers not classified above, and scheduled for deployment within two months;
A4.4 Frontline workers in food retail, including food service delivery;	A4.13 Frontline workers in law/justice, security, and social protection sectors;
A4.5 Frontline workers in Financial Services in private and government;	A4.14 Frontline government workers engaged in operations of government transport system, quarantine inspection, worker safety inspection and other activities indispensable to the COVID response;
A4.6 Frontline workers in hotels and accommodation establishments;	A4.15 Frontline government workers in charge of tax collection; assessment of businesses for incentives; election; national ID; data collection personnel;
A4.7 Priests, Pastors, rabbis, imams or such other religious leaders regardless of denomination;	A4.16 Diplomatic Community and Department of Foreign Affairs personnel in consular operations;
A4.8 Security guards/personnel assigned in the establishments, offices, agencies, and organizations identified in the list of priority industry/sectors;	A4.17 Department of Public Works and Highways personnel in charge of monitoring government infrastructure projects;
A4.9 Frontline workers in news media, both private and government;	

B. The recommendations of the IATF Technical Working Group, the specifics of which are as follows:

1. As endorsed by the Philippine Sports Commission, the continuation of the training of the national athletes at the Olympic Training Bubble in the Inspire Sports Academy in Calamba, Laguna. Provided, that there be heightened compliance with the Prevent-Detect-Isolate-Treat-Reintegrate

Strategies, particularly on the limited interactions with persons outside of the training bubble;

2. Amendment of IATF Resolution No. 103 (s.2021) issued on March 18, 2021, as follows:

x x x

1. Memorandum Circular No. 5, s.2021 issued by the National Task Force Against COVID-19 is adopted with modifications, as follows:

a. x x x

b. Effective 0001H March 22, 2021 to 2359H ***April 30, 2021****, the entry of foreign nationals shall be temporarily suspended, except for the following:*

x x x

*v. Emergency, humanitarian, and other analogous cases approved by the Chairperson of the NTF COVID-19 or his duly authorized representative, provided the foreign nationals have valid visas at the time of entry****; and***

vii. Foreign nationals with valid entry exemption documents duly issued by DFA prior to March 22, 2021.

x x x

3. Clarifying the provisions on the limitations of movement across community quarantine classifications, Paragraph 2 of Sections 2 to 5 of the Omnibus Guidelines in the Implementation of Community Quarantine in the Philippines is hereby amended to be read as follows:

2. The movement of all persons shall be limited to accessing goods and services from permitted establishments, for work in such establishments, or for such other activities allowed in this section.

RESOLVED FURTHER, that the Chairperson and the Co-Chairperson shall be duly authorized to sign this Resolution for and on behalf of the Inter-Agency Task Force.

REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

APPROVED during the 110th Inter-Agency Task Force Meeting, as reflected in the minutes of the meeting, held this April 15, 2021, via video conference**.**

FRANCISCO T. DUQUE III
Secretary, Department of Health
IATF Chairperson

BERNADETTE T. ROMULO-PUYAT
Secretary, Department of Tourism
Co-Chairperson

REPUBLIC OF THE PHILIPPINES
INTER-AGENCY TASK FORCE
FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES

CERTIFICATION

This is to certify that:

1. I am presently an Assistant Secretary of the Department of Health;

2. I am the interim OIC-Head of the Secretariat of the Inter-Agency Task Force (IATF) on the Management of Emerging Infectious Diseases created under Executive Order No. 168 (s.2014) and chaired by the Department of Health (DOH);

3. The IATF Secretariat holds office in the DOH Main Office, San Lazaro Compound, Tayuman, Sta. Cruz, Manila;

4. I am the custodian of the records of the IATF, including the Minutes of Meetings and Resolutions;

5. In a regular meeting of the IATF, the IATF Resolution No. **110** was unanimously approved and adopted;

6. The foregoing resolution has been signed by Secretary Francisco T. Duque III and Secretary Bernadette T. Romulo-Puyat upon the authority of the IATF Members;

7. The aforesaid resolution has not been altered, modified nor revoked and the same is now in full force and effect;

8. I am executing this Certification for whatever legitimate purpose this may serve.

IN WITNESS WHEREOF, I have hereunto affixed my signature this **15th** day of April 2021, Manila.

ATTY. CHARADE B. MERCADO-GRANDE
OIC-Head of the Secretariat, IATF
Assistant Secretary of Health

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 23, 2021

DEPARTMENT MEMORANDUM
No. 2021 - 0099

FOR: **ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; CENTERS FOR HEALTH DEVELOPMENT AND MINISTRY OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); AND BUREAU DIRECTORS; SPECIAL AND SPECIALTY HOSPITAL DIRECTORS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHER CONCERNED OFFICES**

SUBJECT: **Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19**

I. RATIONALE

In light of the absence of definitive treatment for COVID-19, it is expected that COVID-19 morbidity and mortality will continue to increase. The development of vaccines against COVID-19 is among the solutions that will greatly mitigate the increasing cases in the country, complemented by already existing measures and practices in place.

The Department of Health (DOH), through the Task Group COVID-19 Immunization Program, and in consultation with all agencies comprising the COVID-19 Vaccine Cluster, developed a comprehensive plan for vaccine deployment and vaccination. The National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines seeks to provide the overall operational guidance in the implementation of the COVID-19 vaccine deployment and vaccination program in the Philippines. However, there is a need to supplement/update the National Deployment and Vaccination Plan given new developments.

To ensure safety and efficacy of vaccines to be administered to the public, ONLY vaccines which are granted with Emergency Use Authorization (EUA) by the Philippine Food and Drug Administration and positive recommendation from the Health Technology Assessment Council (HTAC) will be purchased by the government.

Likewise, policy decisions and recommendations are informed based on the recommendations of technical experts, convened to provide independent recommendations to the DOH, Vaccine Cluster, and IATF on vaccine implementation. These expert groups include the interim National Immunization Technical Advisory Group (NITAG), Technical Advisory Group for COVID-19, Health Technology Assessment Council, National Adverse Event Following Immunization Committee, and Vaccine Expert Panel.

These interim omnibus guidelines on COVID-19 vaccination shall provide the overall guidance to implementers on vaccine administration of the National Deployment and Vaccination Plan.

II. GENERAL GUIDELINES

A. Implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration Strategies shall remain the cornerstone of response to prevent further transmission, and shall be a shared responsibility of the national government, local government units (LGUs), private sector, and the public.

B. COVID-19 vaccination shall be used as one of the major strategies to complement the existing measures and practices to mitigate the spread and reduce morbidity and mortality due to COVID-19.

C. The external agencies engaged in COVID-19 response shall comply with their specific roles and corresponding operational guidelines issued by the National Task Force (NTF) for COVID-19 response.

D. Minimum public health standards, which include physical distancing, hand hygiene, cough etiquette, and wearing of masks and face shields among others, shall be strictly implemented during the implementation of the NVDP.

E. General policy directions and program implementation of the vaccination plan shall be guided by technical expertise of vaccine expert groups, as independent recommending bodies to the National Government.

F. As a general rule, only vaccines granted Emergency Use Authorization (EUA) by the Philippine Food and Drug Administration (FDA) following FDA Circular 2020-036 and positive recommendations from the Health Technology Assessment Council (HTAC) shall be procured, distributed, and administered while an FDA-issued Certificate of Product Registration is unavailable. Separate guidelines detailing procedures for the acceptance and management of donations shall be issued.

G. Specific instructions provided in the EUA of COVID-19 vaccines granted by the FDA, and recommendations from the HTAC shall be judiciously taken into consideration in the planning and allocation of the Vaccine Cluster of the NTF Against COVID-19, distribution and program management of the regional and local Vaccine Operations Center, and the administration of vaccines by health care providers.

H. All vaccine recipients shall be monitored for the manifestation of any adverse reaction following immunization (AEFI) and referred to the appropriate facility for management.

I. Efficient information systems shall be in place to support operationalization of the vaccine implementation plan.

J. Policy cascade shall be facilitated by the NTF, DOH, Department of the Interior and the Local Government, Philippine Information Agency, and other lead agencies to ensure that vaccination plans of local government units (LGUs) are in line with the overall vaccination plan of the National Government.

K. PhilHealth shall cover individuals who will develop AEFI warranting hospitalization through new or existing benefit packages. PhilHealth shall publish relevant guidelines regarding coverage on AEFI.

III. IMPLEMENTING GUIDELINES

A. Prioritization Criteria

1. Due to competing global demand, vaccine supply is expected to start low and gradually increase in the succeeding months. As such, it is appropriate to adopt a phased implementation approach for the National Vaccine Deployment Program, following the objectives of ensuring reduction of mortality from COVID-19 and preservation of health system capacity, and strategically aligning the demand of priority populations to the expected vaccine supply, with three phases:

    a. Phase 1: Potentially limited supply of COVID-19 vaccine doses available - Concentrating efforts on **critical populations** based on risk of exposure and mortality;

    b. Phase 2: Large number of vaccine doses available - Ensuring access for the general population, particularly to the **working population**; and

    c. Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses) - Ensuring equitable access to **all populations**, monitoring uptake and coverage, and re-strategizing to increase uptake in populations with low coverage.

2. The National Government shall pool all available vaccine supply, regardless of whether donated, procured or sourced through tripartite agreements. Vaccinations shall follow the phased implementation approach and that vaccines are provided to the identified population groups following the prioritization schedule in consideration of the recommended age group and/or sector indicated in the EUA. As such, LGUs and private sector companies that entered into tripartite agreements shall abide by all relevant NVDP policies issued by NTF and DOH.

3. Sub-prioritization shall be determined by the Department of Health upon recommendation of the iNITAG conducted within a priority population group through selection of geographic areas if there is insufficient incoming supply of vaccines. Sub-prioritization shall be based on:

    a. COVID-19 burden of disease (current active cases, attack rate per 100,000 population in the past 4 weeks, and population density); and

    b. Vaccination site and/or Local Government Unit readiness, in particular, its supply chain capability, to mount a vaccination campaign.

4. Further sub-prioritization shall be conducted if there is noted insufficient incoming supply of vaccines even after employment of the sub-prioritization criteria. This shall be based on exposure and mortality risk..

5. As the need arises, methods of sub-prioritization for other priority groups may be further developed and threshed out in succeeding issuances after initial roll-out and consultation with relevant stakeholders.

B. Priority Population Groups

1. The priority population groups for COVID-19 immunization are as follows:

Phase 1 - Priority Eligible A	
A1	Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc.
A2	Senior citizens aged 60 years old and above
A3	Adults with comorbidities not otherwise included in the preceding categories
A4	Frontline personnel in essential sectors both in public and private sectors, including uniformed personnel, and those in working sectors identified by the IATF that are directly client facing and cannot dutifully meet minimum public health standards
A5	Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) not otherwise included in the preceding categories
Phase 2 - Priority Eligible B	
B1	Teachers, Social Workers
B2	Other Government Workers
B3	Other essential workers
B4	Socio-demographic groups at significantly higher risk other than senior citizens and poor population based on the NHTS-PR
B5	Overseas Filipino Workers
B6	Other Remaining Workforce
Phase 3 - Priority Eligible C: Rest of the Filipino population not otherwise included in the above groups	

2. For priority group A1, all workers in a health facility shall be taken as a group. Facilities or institutions of prioritization, in the following order of precedence, may be sub-prioritized based on (a) historical admission of COVID-19 cases and (b) allocated and occupied COVID-19 beds:

   a. COVID-19 referral hospitals designated by the DOH;

b. Public and private hospitals and infirmaries providing COVID-19 care, as prioritized based on service capability, starting from level 3 hospitals, to level 2 hospitals to level 1 hospitals, and then infirmaries;

c. Among hospitals with a common service capability, the order of priority shall be from facilities owned by the DOH, then facilities owned by LGUs, and then facilities owned by private entities;

d. Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc) that cater to COVID-19 suspect, probable, and confirmed cases, close contacts, and travellers in quarantine;

e. Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases;

f. Government owned primary care based facilities such as Urban Health Centers, Rural Health Units and Barangay Health Stations, birthing homes, and Local Health Offices to include members of BHERTS, contact tracers, social workers;

g. Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified (e.g. clinics, dialysis centers, dental clinics, and COVID-19 laboratories), dealing with COVID-19 cases, contacts, and specimens for research purposes, screening and case management coordinated through their respective local government units; and

h. Closed institutions and settings such as, but not limited to, nursing homes, orphanages, jails, detention centers, correctional facilities, drug treatment and rehabilitation centers, and Bureau of Corrections.

3. Sub-prioritization for other priority groups, and their respective exhaustive lists, shall be released in succeeding issuances.

C. Zoning Allocation Process for Vaccines with Sensitive Handling

1. Based on prioritization criteria and indicative supply by batch, allocation of vaccines for vaccination sites shall be by geographic zones incorporating pragmatic considerations such as availability of appropriate storage facilities, vaccination sites, or access roads.

2. Centers for Health Development (CHD), as well as the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao, guided by the Field Implementation and Coordination Team (FICT), shall determine the appropriate zoning for each region.

3. Each zone shall jointly develop micro plans for the joint undertaking of the vaccination program, especially regarding choice of vaccination sites or storage facilities, designation of human resources for vaccination and adverse event monitoring, transport of potential vaccine recipients, scheduling, health care provider referral for AEFI and follow-up processes, among others.

4. Each health facility, local government, or institution shall submit an attestation of the total number of potential vaccine recipients to the CHD for file keeping. Attestation forms must be in official letterheads signed by the head of the institution and must include total number of eligible vaccine recipients, total number of validated vaccine recipients willing to be vaccinated, their quick substitution list and rationale for choice of alternate facility, and confirmation that identified recipients and sites are consistent with national guidelines for the COVID-19 immunization program.

5. CHDs, with the guidance of FICT, shall allocate vaccines per zone in accordance with tray, batch, and logistic considerations.

6. If there are remaining stocks for delivery, FICT shall identify next eligible facilities using the prioritization framework.

D. Preparation of the Quick Substitution List (QSL)

1. To minimize vaccine wastage, vaccination sites or zones shall prepare a quick substitution list (QSL) in case of non-attendance of the initially identified eligible recipients of the vaccines.

2. QSLs shall include eligible recipients from facilities or sites within the same zone, province, highly urbanized city, or independent component city, provided that identification of recipients is based on the same priority group. QSLs shall not include eligible recipients from vaccination sites included in the allocation list of the current batch of vaccines.

3. During the vaccination day, and in case of non-attendance, the hospital should first attempt to vaccinate its healthcare workers that are scheduled in the succeeding days.

4. If the initial list of identified recipients is exhausted, the vaccination site can then tap the recipients from the QSL. Vaccination of eligible recipients from the next priority group shall be the option of last resort.

5. It should be noted that no patient in active disease or with COVID-19 symptoms, as defined in Department Memorandum No. 2020-0512 entitled "Revised Omnibus Interim Guidelines on the Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for, should be vaccinated.

6. Preparations for transporting vaccines to the QSL should be part of microplanning.

E. Masterlisting

1. The COVID-19 Vaccine Information Management System - Immunization Registry (VIMS-IR) shall be the official platform for master listing and pre-registration of individuals for COVID-19 vaccination.

2. Data standards and masterlisting processes shall be reviewed after the Phase 1 pilot in workers in frontline health services before implementation in succeeding phases. This includes the ability for External systems to be used to

submit the necessary information following the Minimum Required Data Fields for Vaccine Registration Systems.

3. DOH CHDs shall consolidate a list of eligible potential vaccine recipients.

4. Compliance to the data privacy act in processing personal information shall be ensured by the CHDs.

5. All health facilities and LGUs shall submit required data for masterlisting to the province/ highly urbanized cities/independent component cities, through any of the following methods:

    a. Vaccine Information Management System - Immunization Registry (VIMS-IR);

    b. Information system of the LGU linked to the VIMS-IR through an application program interface (API) or through the secured file transfer protocol (SFTP) of VIMS-IR;

    c. Dataset consistent with prescribed formats for bulk uploading through the information system; or

    d. Dataset consistent with prescribed formats for bulk uploading through the assistance of DOH CHDs.

    e. For areas without connectivity, individuals within the priority sectors can manually fill out a physical form and submit it to the Human Resource Office of the facility. The HR Office shall consolidate it for submission to the LGUs. The LGU shall then encode the forms to the system and submit it to the CHDs. HR Offices of hospitals, CHDs, and LGUs shall dedicate a personnel to accommodate manual submissions, although electronic submissions are most preferred for the VIMS-IR

F. Microplanning

1. Microplanning shall be conducted by all LGUs and implementing units, after submission of masterlists, QSLs and/or training of health workers. A readiness assessment tool shall be used to assess and monitor the implementation of the plan, and determine and address identified issues and gaps (www.tinyurl.com/covidvaccineRA & www.tinyurl.com/microplanningc19).

2. The following critical steps in microplanning shall be conducted:

    a. Determination of the number of eligible populations for COVID-19 vaccination in the facilities. Alternatively, upon guidance of the DOH CHD Director IV, a QSL shall be provided to the implementing facility;

    b. Identification of implementing departments/units in the facility, of the number of vaccination sites/posts, and of an operational spot map;

    c. Designation of supervisors, vaccination teams, Adverse Events Following Immunization (AEFI)/ Adverse Events of Special Interest (AESI) composite teams, and other personnel needed and available for the vaccination activity;

d. Identification of vaccination teams needed based on the number of eligible population;

e. Listing of all vaccination posts/geographic sites, including non-health facilities (e.g. schools, covered courts), with updated addresses, geographic coordinates, and landmarks;

f. Assignment of potential vaccine recipients and teams to an implementing unit / vaccination post/site;

g. Assessment of cold chain capacity at all levels and cold chain equipment needed;

h. Estimation of eligible population groups, either willing or not willing to be vaccinated;

i. Estimation of the vaccine requirement, AEFI emergency kit and ancillary supplies needed;

j. Timely delivery of vaccines and ancillary logistics;

k. Training of human resources for health;

l. Preparation of a Daily Vaccination Session Plan (daily itinerary);

m. Development of a communication plan for facility and/or community advocacy, social mobilization, partnership and engagement;

n. Development of a supervision and monitoring plan and schedule;

o. Preparation of an AEFI/AESI management, surveillance and response plan. This includes training on how to manage AEFI, risk communication and reporting; and

p. Development of a waste management plan, clearly describing how, when, where, and who will collect, transport and discard immunization waste, including PPE wastes, consistent with Department Memorandum 2021-0031 entitled "Interim Guidelines on the Management of Health Care Wastes generated from COVID-19 vaccination".

3. Micro plans shall be validated and consolidated per zone, province, highly urbanized city, or independent component city, ensuring collection and consolidation from levels of municipalities. The province/ HUC/ ICC shall submit consolidated microplans to the CHDs for concurrence, assessment of gaps, technical assistance, and finalization.

4. Status of micro plans shall be consolidated nationally through the FICT for progress and performance monitoring. Local government readiness shall be considered in allocation and distribution plans of the national government.

5. Local governments and health care provider networks in zones shall ensure that designated vaccination sites fulfill standards set by the Department of Health. The Regional Vaccine Operations Center (RVOC) shall ensure readiness of identified vaccination sites by providing technical assistance, corrective actions,

and conduct of simulation. Allocation of vaccines shall be dependent on readiness of the vaccination sites for vaccine-specific requirements. A separate issuance shall be provided to outline the standards and quality assurance for vaccination sites.

6. All LGUs shall designate referral hospitals within their health care provider networks for the management of AEFI/AESI. All vaccination sites shall be linked to a licensed health facility for accountability, with clearly identified health care provider network relationships for referral, and case management.

7. All CHDs and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao shall establish and regularly convene Regional AEFI Committees (RAEFIC) within their areas of jurisdiction. The RAEFIC shall primarily conduct the causality assessment of investigated AEFIs, review the status of safety surveillance, and provide expert recommendations to the Regional Vaccine Operations Center for the improvement of the immunization program.

8. All Local Vaccine Operations Center shall set up 24/7 hotlines through various means of communication for the general public to convey their general concerns on vaccination and referral for AEFIs.

G. Logistics, storage, and handling

1. Shipment and acceptance of vaccines and ancillary immunization commodities shall follow the Department Memorandum No. 2021-0053 entitled, "Interim Guidelines on the Shipment and Acceptance of the COVID-19 Vaccines and Ancillary Immunization Commodities."

2. Vaccines shall be inspected by the DOH Inspection and Acceptance Committee for COVID 19 Vaccines and Related Ancillary Supplies, which was reconstituted through Department Personnel Order No. 2021-0215, upon arrival at the main warehouse facility prior to distribution to vaccination sites. The Inspection and Acceptance Committee shall ensure that vaccines are of good quality upon arrival and that full documentary requirements are present, including but not limited to the shipping documents, invoice, and packing list. Similarly, CHDs, LGUs, and identified recipients shall assess the quality of vaccines upon receipt.

3. Cold chain management requirements shall be maintained from manufacturing, storage, and distribution of vaccines to ensure integrity of vaccine compounds. Vaccine cold chain storage facilities shall be assessed by the Research Institute for Tropical Medicine and Supply Chain Management Service of the DOH. Particular requirements and constraints on temperature maintenance for transport, storage and administration of vaccines shall be maintained.

4. As the different types of vaccine require varying temperature storage requirements, (1) ultra-cold (-70°C to -80°C), (2) frozen (-15°C to -25°C), and (3) refrigerated (2°C to 8°C), vaccine-specific policies shall be developed in consideration of differences in handling and storage requirements of vaccines.

5. Transport of vaccines and other ancillary commodities shall be assisted by uniformed personnel such as the Philippine National Police and others as may be designated to ensure vaccine security.

6. CHDs, LGUs, and identified recipients of vaccines and ancillary commodities shall develop their distribution plan appropriate to their situation, including inspection process prior to acceptance and timelines to avoid vaccine spoilage.

H. Training of Health Care Workers

1. The Regional Vaccine Operation Center shall conduct orientation and training to all health staff from local health offices and other stakeholders for COVID-19 vaccination. In light of the ongoing pandemic, online training is recommended. For those conducting face-to-face training, adherence to MPHS shall be strictly enforced at all times.

2. EPI Managers shall verify the awareness of health personnel on important knowledge for the COVID-19 vaccination program, including but not limited to IPC measures during mass vaccination, vaccine-specific management, and AEFI/AESI management.

I. Vaccination Process

1. *Pre-vaccination screening*

   a. Eligible vaccine recipients belonging to special populations like those in immunodeficiency state and senior citizens with special conditions (i.e. bedridden, those who are in a vegetative state, and those with limited life expectancy) shall obtain medical clearance from their attending physicians to discuss vaccine specific risks and benefits of vaccination to the unique situation of the patient.

2. *Scheduling*

   a. Each potential vaccine recipient included in the masterlist shall be assigned to a specific vaccination site and a specific vaccination team. Prior to the vaccination, the potential vaccine recipient will be provided with a vaccination date and time schedule, and a unique identifier which he/she will bring to the vaccination post, to ensure smooth implementation of the vaccination activity and to avoid congestion in the vaccination site/post.

   b. No walk-in vaccination shall be accommodated since vaccines allocated for the day are sufficiently assigned for the projected number of vaccinations to be conducted in a day.

   c. Vaccine recipients identified in the pre-determine QSL shall be made aware of possible schedules for substitution in case of non-attendance of the originally scheduled recipients.

   d. Scheduling for vaccination shall be made by local governments or zones, in accordance to available supply and deliveries. The VIMS platform shall also enable use of information and communications technology for scheduling, notification, and vaccination reminders.

3. *Registration*

   a. All potential vaccine recipients shall be registered using their unique identifiers as identified during the masterlisting process such as but not limited to full name and birthday, PhilHealth Identification Number (PIN), system generated alphanumeric or QR or Unique Codes, or similar.

   b. PhilHealth shall ensure availability of mechanisms to retrieve PIN of all recipients with current membership prior to vaccination day or on-site, and facilitate registration of recipients who are not yet registered under the National Health Insurance Program guided by PhilHealth Circular No. 2018-0008.

   c. All potential vaccine recipients shall also present any government issued identification card such as PRC license, driving license, UMID, PhilHealth ID, passport. In case of no government ID with picture, patients may present any government documents such as cedula, barangay certificate, birth certificate.

   d. Each potential vaccine recipient should be provided a copy of the vaccine specific fact sheet summarizing contents of the EUA, health screening form and informed consent forms upon arrival to vaccination posts. For reference, sample templates for the Pfizer-BioNTech COVID-19 Vaccine can be accessed in this link: bit.ly/RESBAKUNAMaterials

   e. As deemed appropriate and necessary by the Local Vaccine Operations Center (LVOC)/implementing unit, the EUA of the vaccine can be supplemented with the provision of other IEC materials developed by TG Demand Generation and Communications, as contained in the following link: http://bit.ly/COVID19VaxMaterials4Partners

4. *Screening*

   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. Using both the VIMS Vaccination Post System (VPS) and hard copy of the screening form, the health worker shall update the profile of potential recipients and determine whether or not they are eligible for vaccination.

   c. Individuals not belonging to special population groups may have their health profiling, provision of informed consent, and screening on the same day of vaccination.

   d. The health screening form shall be used in screening the eligible vaccine recipients. ***(See Annex A)*** Specific health screening (e.g. age, allergy to vaccine components) may be adopted per vaccine and shall be issued in vaccine-specific guidelines. Likewise, health screening for vaccination shall follow clinical practice guidelines of medical societies, which should be

regularly updated based on best available evidence. The recommendations from the Philippine Society for Microbiology and Infectious Diseases (PSMID) including recommendations from NITAG are adopted to develop the interim decision algorithm for the COVID-19 vaccination program.

i. The vaccination of persons falling under the following categories **must be deferred and rescheduled** until resolution of specific conditions:

   (a) 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.

   (b) Persons with a history of exposure to a confirmed or suspected COVID-19 case in the past 2 weeks may be vaccinated only after completion of the 14-day quarantine period.

   (c) Confirmed COVID-19 patients may be vaccinated after 90 days from the last day of isolation or treatment, regardless of disease severity.

   (d) Persons who received convalescent plasma or monoclonal antibodies for COVID-19 may be vaccinated 90 days from the last day of plasma/ monoclonal antibody treatment.

   (e) Women belonging to Priority A1 of workers in frontline health facilities who are in their first trimester of pregnancy may be vaccinated after the first trimester.

   (f) Persons who received any other type of vaccine in the past 2 weeks should be rescheduled after completion of two weeks interval.

ii. Immunocompromised persons under the following category shall consult their attending physician or a primary care provider to obtain clearance prior to vaccination for appropriate patient education on the risks and benefits of vaccination. Specific qualifiers indicated shall be considered in the assessment of the health care worker.

   (a) For persons with autoimmune disease, if the patient is in remission.

   (b) For persons living with HIV, if the patient's current CD4 count is low and if the patient is on treatment.

(c) For persons with cancer or malignancy, if the patient is undergoing or have immediate plans for chemotherapy, or is in remission.

(d) For transplant patients, if the patient is on immunosuppressants or in remission.

(e) For persons who use steroids, if the dose and duration of steroid use is more than 2 weeks or dose is higher than 20 mg daily for prednisone.

(f) For persons who are elderly, bedridden, in a vegetative state, or with poor prognosis such as those with limited life expectancy of less than 6 months.

iii. Additional precautions must be implemented to the following:

(a) Persons with a history of bleeding disorders or currently taking anticoagulants should be vaccinated using a gauge 23-25 syringe. Firm pressure shall be applied after vaccination to avoid formation of a hematoma.

(b) Persons with a previous history of anaphylaxis, with allergies to food, egg, medicines, and persons experiencing asthma shall be observed for 30 minutes after vaccination.

(c) Persons who do not meet any of the criteria otherwise stated shall be observed for 15 minutes after vaccination.

iv. Persons falling under the following categories may be vaccinated with the COVID-19 vaccine:

(a) Breastfeeding women

(b) Persons who received immune globulins

5. *Health Education*

a. There shall be a dedicated health education area for the whole vaccination site/post. In this area, Information, Education, and Communication (IEC) materials, such as pamphlets, leaflets, and brochures shall be made available. Also, a projector or a TV shall be set up in this area, or the least, a flipchart, for health education purposes.

b. The general process for the health education area shall be aligned with the steps detailed in the Philippine National COVID-19 Deployment and Vaccination Plan for COVID-19 Vaccines.

i. Grouping the vaccine recipients (if applicable, to at least 6-12 individuals).

ii. Sharing an explainer video (or explainer poster, for areas that may experience technical difficulties) on COVID-19 vaccines to the group of vaccine recipients.

iii. Encouraging the vaccine recipients to ask questions and clarifications and then addressing issues that they may have.

iv. If not yet previously covered in the shared explainer, providing information on the COVID-19 vaccine made available at the vaccination site - what it is, how it protects, administration and possible side effects.

v. Explaining to the vaccine recipients that he or she may opt to receive the 2nd dose from another facility provided that the 2nd dose is the same brand as the 1st dose.

vi. Instructing the patient on post-vaccination care:

(a) Put an ice pack/ice on the injection site for 15 minutes three times a day, in the first 24 hours after vaccination. Report any AEFI to the clinic/hospital.

(b) For any serious AEFI, proceed immediately to the nearest Emergency Room.

vii. Providing additional IEC materials (pamphlets with FAQs, etc) at suitable reading levels to the vaccine recipients and available in recipients' local language. The following link provides for IEC materials developed by TG Demand Generation and Communications that can be used in vaccination sites: http://bit.ly/COVID19VaxMaterials4Partners

viii. Providing Vaccine Information Statements (VIS) or EUA forms, if required.

ix. Asking the vaccine recipients to sign the final consent form.

x. Directing the patient to the Screening Area.

c. Vaccine recipients shall sign two (2) copies of the informed consent form. One copy shall be provided to the patient and one kept by the vaccination facility.

d. The informed consent form shall be made available online so that vaccine recipients may download it in advance and sign it on the day of vaccine administration after dialogue with the vaccine administrator.

e. The informed consent form shall contain the following pertinent information:

i. Statement specifying that the vaccine recipient understands that the vaccine is an investigational drug and that they were shown the fact sheet of the EUA;

ii. Statement declaring that the vaccine recipients were assessed using the health screening form to ensure that those who are at risk will be managed and referred appropriately;

ii. Statement declaring that the vaccine recipients were assessed using the health screening form to ensure that those who are at risk will be managed and referred appropriately;

iii. Name of the specific facility or the primary care provider that the vaccine recipient may contact or visit for follow up after vaccination in case of any symptoms; and

iv. Statement disclosing that all data collected throughout the COVID-19 vaccination program will be used for public health purposes.

f. Different IEC materials and informed consent forms may vary for each vaccine due to the different legal requirements for each supply agreement.

6. *Vaccine Administration*

a. The potential vaccine recipient shall wait in a designated area prior to immunization. The Safety Officer shall ensure that physical distancing measures are implemented in the waiting area at all times.

b. The potential vaccine recipient shall be directed to the Vaccination Area where the vaccine will be administered. The vaccinator shall check that the vaccine to be administered is not expired and has been stored in the appropriate temperature and shall strictly comply with the instructions of the product label of the vaccine product.

c. Only licensed physicians or nurses may be vaccinators for vaccines under Emergency Use Authorization. Pharmacists may administer FDA-approved vaccines provided that they undergo training from Professional Regulation Commission-accredited institutions. Midwives may assist in the vaccination.

d. Vaccines shall be drawn up in 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 should 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.

e. Prior to inoculation, vaccinators shall 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.

f. Once vaccinated, the QR or Unique Code shall be scanned and the vaccination details (e.g. date of vaccination, vaccine manufacturer, batch number, lot number, name of vaccinator and signature) shall be recorded in the Vaccination Post System (VPS) and immunization card.

g. Specific vaccine administration strategies may be adopted per vaccine. Likewise, these shall follow clinical practice guidelines of medical

a. After vaccination, the vaccine recipient shall be observed for adverse events for 15 minutes at the post-vaccination monitoring area. If the recipient has a previous history of asthma, anaphylaxis, and or allergies to food, egg, medicines, the observation time shall be extended to 30 minutes. The post-vaccination monitoring area must be closely linked with an identified referral health facility. In the event of life-threatening adverse events manifesting as anaphylaxis or severe allergic reactions, health care providers in the post-vaccination monitoring area must be able to provide emergency treatment and resuscitative measures, such as administration of live-saving medicines and basic life support. In case of limited human resource of health availability, those who can provide the necessary treatment even if beyond their respective service capability or professional capacity, shall not be liable for any harm involved as long as the benefit of providing treatment outweighs the risk of not providing treatment in dire situations with a high likelihood of death.

b. Upon release from observation, vaccination staff must inform the vaccine recipient of specific facility, hotlines, and contact numbers for follow up and for reporting of any AEFI.

c. A standardized physical vaccination card (***see Annex B***) shall be given to vaccine recipients to ensure completion of the two doses and to enable monitoring of adverse events. The physical vaccination card must be printed by the facility/LGU in line with printing standards set by the DOH. The scheduled date for the second dose shall be indicated in the 2nd dose box in the physical vaccination card.

d. An electronic version of the vaccination record shall be made available through a secured search platform developed by Department of Information and Communications Technology (DICT) for designated users to verify the vaccination status of patients in the Vaccine Information Management System or VIMS.

e. Vaccine recipients who experience adverse events following immunization (AEFI) during the post-monitoring period at the vaccination site shall immediately be brought to designated health facilities within their healthcare provider networks. The LGU shall ensure capacity of the facilities to provide healthcare in response to the event and ensure the timely detection, notification, reporting and investigation of AEFIs.

8. Patient Follow-up

a. Monitoring of AEFI shall be done up to 1 year from date of vaccination through the vaccination site or through the vaccine recipient's primary care provider. LGUs shall ensure the availability of primary care providers, in compliance to standards set forth by DOH and PhilHealth, and that all vaccine recipients are assigned to a primary care provider for monitoring for at least a year post-vaccination.

b. LGUs shall ensure that vaccine recipients are notified and reminded about their second dose, follow-up, and other relevant announcements utilizing

both local mechanisms and information and communications technology platforms.

J. Adverse Event Following Immunization (AEFI) and Referral

1. AEFIs shall be defined as any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. AEFIs may be classified based on seriousness, or based on cause.

    a. Serious AEFIs are defined as events that results in any of the following outcomes:

        i. death;
        ii. hospitalization or prolongation of an existing hospitalization;
        iii. persistent or significant disability or incapacity;
        iv. congenital anomaly or birth defect;

        Or an event that may be
        v. life-threatening; or
        vi. a medically important event or reaction

    b. Non-serious, or minor AEFIs are AEFIs that are not included or categorized as serious AEFIs, or do not pose a potential risk to the health of the recipient.

        i. Non-serious AEFIs include, but are not limited to, local adverse events (such as pain, swelling, redness) and systemic reaction (fever) that are expected after immunization as part of the immune response of the vaccine recipient to induce immunity.

        ii. Non-serious AEFIs should also be carefully monitored because they may signal a potentially larger problem with the vaccine or vaccination or have an impact on the vaccination acceptability; in general.

    c. An adverse event of special interest (AESI) is a pre-specified medically-significant event that has the potential to be causally associated with a vaccine product that needs to be carefully monitored and confirmed by further special studies.

        i. Shortlisting of conditions to be considered as AESIs for active surveillance, and their respective notification and reporting process shall be provided in a separate issuance, and regularly reviewed upon expert recommendations.

    d. Cause-specific definitions of AEFIs are as follows:

        i. Vaccine product-related reactions are AEFIs caused or precipitated by a vaccine due to one or more of the inherent properties of the vaccine product.

        ii. Vaccine quality defect-related reactions are AEFIs caused or precipitated by a vaccine that is due to one or more quality defects

of the vaccine product including its administration device as provided by the vaccine manufacturer.

iii. Immunization error-related reactions are AEFIs caused by inappropriate vaccine handling, prescribing or administration.

iv. Immunization anxiety-related reactions are AEFIs arising from anxiety about the immunization.

v. Coincidental events are AEFIs caused by something other than the vaccine product, immunization error or immunization anxiety.

2. The health care providers who administered the COVID-19 vaccine to recipients shall be primarily in charge of regularly monitoring AEFIs among those individuals until one year after vaccination.

   a. All vaccine recipients shall monitor themselves for any adverse events within the prescribed time frame, and regularly report to their respective primary care provider on their experience.

   b. All vaccination sites shall ensure that proper and appropriate guidance is communicated to and understood by each vaccine recipient regarding the regular monitoring of their health status, with mechanisms and schedules for follow-up.

   c. All local vaccination operations centers shall ensure that vaccination sites regularly and actively monitor the vaccine recipients they have provided services for.

      i. In case of unavailability of the vaccination site within the time frame of monitoring due to closure, or other causes; change in residence of the vaccine recipient, or other causes that may hinder the monitoring of AEFIs from the vaccine recipient, the LVOC shall enact mechanisms to ensure that adequate monitoring is still conducted among these vaccine recipients.

3. Health care providers shall appropriately manage patients' conditions according to clinical assessment regardless of the seriousness or causality of the AEFI.

   a. If a health care provider sees that the patient warrants further evaluation and clinical management, referrals shall be coursed through the respective health care provider networks within their locality.

   b. All vaccination sites shall provide corresponding assistance to vaccine recipients experiencing AEFIs.

   c. All vaccination sites shall ensure that proper and appropriate guidance is communicated to and understood by each vaccine recipient regarding the contact information or health facilities for the vaccine recipient's primary referral in case of health emergencies outside the vaccination site.

   d. All vaccination sites shall ensure that serious AEFI cases are provided with immediate assistance which may include hospitalization and transport to the appropriate health facility, within the configuration of their respective health

care provider network. PhilHealth coverage of hospitalizations shall be in accordance with the rules and regulations of the National Health Insurance Program. Transportation arrangements shall be provided by the vaccination site, in coordination with existing service providers in the locality, and the local government unit in charge.

e. All vaccination sites shall prepare for AEFIs during the vaccination proper in terms of human resource capacity, medications and commodities, as recommended by clinical practice guidelines and expert recommendations.

f. All health facilities shall be prepared to receive AEFIs within their respective service capability. They shall also fortify mechanisms on referral and ensure that contingency plans are in place.

g. Local vaccination operations centers (LVOC) shall ensure that health facilities are prepared to receive AEFIs within their respective service capability, and mechanisms for and contingency plans for referral are in place.

h. RVOCs, CHDs, RAEFICs, and LVOCs shall regularly monitor and assess the status of safety surveillance at the sub-national level, including but not limited to AEFI monitoring, through formal and informal feedback and provide corresponding responsive risk communication and immunization safety interventions.

i. At the national level, the Sub-Task Group Safety Surveillance and Response, shall lead in overseeing the functionality of stakeholders in performing their respective functions across the safety surveillance cycle.

4. AEFIs are classified as a notifiable health event of public health concern, in accordance with the 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.

   a. All health care providers shall notify and report AEFIs regardless of seriousness, to the local vaccinations operations centers and to the National Government through the appropriate electronic platform, with the minimum data fields requested, within the appropriate time frame requested.

   b. All government and non-government licensed hospitals serving as vaccination sites shall submit directly to an electronic platform through their Hospital Epidemiology and Surveillance Units.

   c. All other vaccination sites shall submit through the respective local vaccination operations center providing oversight to their operations.

   d. All local vaccination operations centers at the municipal and component city levels shall ensure that the vaccination sites within their respective jurisdiction of oversight observe proper, timely and accurate notification of detected AEFIs.

e. All regional, local vaccination operations centers, and hospital vaccination sites shall designate an AEFI focal person for coordination, capacity-building, and authorization purposes.

5. Local Vaccination Operations Centers shall ensure the functionality of an AEFI Investigation Team that shall conduct timely and comprehensive AEFI investigations following the standard epidemiological investigation principles to be continually reviewed based on guidance from the World Health Organization, with expert recommendations from the National AEFI Committee.

    a. All health care providers shall cooperate with the AEFI Investigation Team in terms of provision of copies of medical records and other paraphernalia that may aid investigation and causality assessment, in accordance with Republic Act 113322 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act".

6. The National and Regional AEFI Committees shall determine the final causality assessment through systematic methodologies, in accordance with the latest guidance from the World Health Organization, and other reputable organizations.

    a. AEFIs that shall undergo detailed case investigation and causality assessment will be based on the guidance from the COVID-19 Vaccines: Safety Surveillance Manual of the World Health Organization, with expert recommendations from the National AEFI Committee.

7. Data, information generated from the AEFI monitoring system, and recommendations from the National AEFI Committees shall be utilized in the continuing quality improvement of the immunization program and upholding of vaccine safety.

K. Data and Record Management

1. The VIMS, developed and maintained by the DICT, shall be used as the main platform for vaccine related interventions for immunization, supply chain and logistics management. The following information systems developed by the DOH shall be linked to the VIMS:

    a. The COVID-19 Bakuna Center Registry (CBCR), a complete listing of all vaccination sites in the country both in public and private shall be used by the local and national government in monitoring and managing vaccination sites being set-up across the whole country. Registration in the CBCR is important most especially in coordinating with third-party logistics.

    b. The Vaccination Quick Count, a dashboard which will visualize critical indicators from the vaccination sites on a daily basis, shall provide regional and local vaccination operations centers (RVOCs and LVOCs) with timely data. It will provide insights on what is happening on the ground especially on areas that require urgent actions. Following are the roles and responsibilities on its implementation:

i. The vaccination site supervisor shall be in charge of the daily reporting at vaccination sites.

ii. The CHDs shall be responsible for managing and responding to inquiries on the system and compliance to data submissions.

2. LGUs with existing information systems or applications who expressed interest to connect to national COVID-19 vaccination information systems shall coordinate with the DICT. CHDs, through the RVOC shall assist to facilitate this process.

3. Any paper record for individual vaccination including the informed consent form shall be classified as a permanent vaccination record. All health facilities shall have proper storage protocols in compliance to health record management guidelines to ensure safekeeping and data protection.

4. Any paper record at vaccination sites is under the responsibility of the vaccination site supervisor. The supervisor is also responsible for daily reporting in the vaccination quick count.

5. All authorized entities that have the mandate or legitimate purpose to process COVID-19 vaccination-related data shall be considered as personal information controllers (PIC). LGUs shall be responsible for the management of all personal data collected from barangays and local vaccination sites in their jurisdiction while CHDs shall be accountable for all personal data from regional vaccination centers including those endorsed/migrated to their system. As PICs, they are expected to uphold transparency, legitimate purpose and proportionality in all the stages of data processing (i.e., collection, duplication, storage, disposal, etc.). They shall practice the highest applicable protection measures in processing personal and sensitive personal information in accordance with the standards for data privacy and security as prescribed in the Data Privacy Act of 2012; issuances by the National Privacy Commission (NPC) and DICT; and other applicable legislations. At the minimum, CHDs shall enforce the following:

    a. They must have a designated or appointed Data Protection Officer or Compliance Officer for Privacy, who shall be accountable for all data privacy-related activities.

    b. Privacy Notice or Privacy Policy shall be posted on conspicuous places within the vaccination facility. Paper-based forms used in collecting personal data shall indicate all information needed by the data subject, such as:

        i. contact information of the data protection officer;

        ii. data processing that will be done to their personal data; and

        iii. individuals that will have access to their personal data.

    c. In case of breach or report of possible breach, units are advised to follow the prescribed procedures from NPC Circular No. 2016-03: Personal Breach Management.

L. Demand Generation Activities

1. LGUs shall plan and implement demand generation and communication activities in accordance with the DILG Memorandum Circular 2021-019, entitled *"Guidelines on the Implementation of Demand Generation Activities in support to the National COVID-19 Vaccine Deployment Plan"* and ensuring coverage of all priority population groups.

2. LGUs shall provide regular updates to the CHDs on their identified microplan demand generation and communication activities, and on their collected social listening data, as provided and described in the Demand Generation Playbook (tinyurl.com/DemGenPlaybook).

3. CHDs shall provide bimonthly updates to the TG Demand Generation and Communications on the progress of activities based on microplans.

4. CHDs shall ensure feedback mechanisms and social listening by a) reporting frequently asked questions, misinformation, and rumors weekly to the TG Demand Generation and Communications, b) disseminating the online sectoral survey monthly, and c) consolidating encoded submissions of the COVID-19 vaccines face-to-face survey by provinces and highly urbanized cities.

5. CHDs shall disseminate COVID-19 vaccine IEC materials and ensure alignment of localized materials with the *RESBAKUNA: Kasangga ng BIDA* branding guidelines.

M. Templates

All standard templates, collaterals, and FAQs may also be accessed at DOH website or through the following link: bit.ly/RESBAKUNAMaterials.

This Order shall take effect immediately.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

ANNEX A. Health Assessment Form

Access the document here: bit.ly/RESBAKUNAMaterials

HEALTH DECLARATION SCREENING FORM
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program

ASSESS THE PATIENT	YES	NO
Age more than 16 years old?	☐	☐
Has no allergies to PEG or polysorbate?	☐	☐
Has no severe allergic reaction after the 1st dose of the vaccine?	☐	☐
Has no allergy to food, egg, medicines and no asthma?	☐	☐
➢ If with allergy or asthma , will the vaccinator able to monitor the patient for 30 minutes?	☐	☐
Has no history of bleeding disorders or currently taking anti-coagulants?	☐	☐
➢ If with bleeding history, is a gauge 23 - 25 syringe available for injection?	☐	☐
Does not manifest any of the following symptoms: ☐ Fever/chills ☐ Headache ☐ Cough ☐ Colds ☐ Sore throat ☐ Myalgia ☐ Fatigue ☐ Fatigue ☐ Weakness ☐ Loss of smell/taste ☐ Diarrhea ☐ Shortness of breath/difficulty in breathing	☐	☐
Has no history of exposure to a confirmed or suspected COVID-19 case in the past 2 weeks?	☐	☐
Has not been previously treated for COVID-19 in the past 90 days?	☐	☐
Has not received any vaccine in the past 2 weeks?	☐	☐
Has not received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	☐	☐
Not Pregnant?	☐	☐
➢ If pregnant, 2nd or 3rd Trimester?	☐	☐
Does not have any of the following diseases or health condition? ☐ HIV ☐ Cancer/ Malignancy ☐ Underwent Transplant ☐ Under Steroid Medication/ Treatment ☐ Bed ridden, terminal illness, less than 6 months prognosis	☐	☐
If with the abovementioned condition, has presented medical clearance prior to vaccination day?	☐	☐

VACCINATE

Recipient's Name:

Birthdate: **Sex:**

Signature of Health Worker:

HEALTH ASSESSMENT ALGORITHM

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program

ASSESS THE VACCINE RECIPIENT
Is the patient any of the following?

- Age < 16 years old
- With allergy to PEG or polysorbate
- With severe allergic reaction after the 1st dose of the vaccine

YES → **DO NOT VACCINATE**

NO ↓

With allergy to food, egg, medicine?

YES → **SPECIAL PRECAUTION**
OBSERVE FOR 30 MINS

NO ↓

Have history of bleeding disorders or currently taking anti-coagulants?

YES → **SPECIAL PRECAUTION**
USE GAUGE 23-25. APPLY FIRM PRESSURE.

NO ↓

VACCINATE

DEFER

Manifesting any of the following symptoms:

- Fever/chills, headache, cough, colds, sore throat, myalgia, fatigue, weakness, loss of smell/taste, diarrhea, shortness of breath/difficulty in breathing

NO ↓ — YES → **REFER TO MD. RESCHEDULE AFTER FULL RECOVERY.**

Have history of exposure to confirmed or suspected COVID-19 case in the past 2 weeks?

NO ↓ — YES → **RESCHEDULE AFTER QUARANTINE COMPLETION**

Have been previously treated for COVID-19 in the past 90 days?

NO ↓ — YES → **RESCHEDULE AFTER 90 DAYS**

Have received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?

NO ↓ — YES → **RESCHEDULE AFTER 90 DAYS**

Pregnant?

NO ↓ — YES → **RESCHEDULE IF IN FIRST TRIMESTER**

Have received any vaccine in the past 2 weeks?

NO ↓ — YES → **RESCHEDULE**

- With autoimmune disease?
- Diagnosed with HIV?
- Diagnosed with Cancer/Malignancy?
- Underwent transplant?
- Under steroid treatment or medication?
- Bed ridden, terminal illness, less than 6 months prognosis

NO ↓ — YES → **GET CLEARANCE FROM ATTENDING PHYSICIAN**

ANNEX B. Vaccination Card

Access the document here: bit.ly/RESBAKUNAMaterials

COVID-19 Vaccination Card

Please keep this record card, *which includes medical information about the vaccines you have received.*

ID no. -

Last Name First Name M.I Suffix

Address _____ Contact No. _____

Date of Birth. _____ Sex _____ Philhealth No. _____ Category _____

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	/ /			
	Vaccinator Name:		Signature:	
2nd Dose (Schedule: / /)	/ /			
	Vaccinator Name:		Signature:	

Health Facility Name: _____ Contact No.: _____

OfficialDOHgov DOHgovph doh.gov.ph (632) 8561 - 7800 loc. 1936 covid19ceir@doh.gov.ph

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 11, 2021

DEPARTMENT CIRCULAR

No. 2021- 0101

TO: **ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; CENTER FOR HEALTH DEVELOPMENT AND MINISTRY OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); AND BUREAU DIRECTORS; SPECIAL AND SPECIALTY HOSPITAL DIRECTORS; CHIEF OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHER CONCERNED OFFICES**

SUBJECT: **Clarification on Provisions of Department Memorandum 2021-0099 entitled the "Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19"**

On February 23, 2021, the Department of Health issued Department Memorandum 2021 – 0099 entitled "Interim Omnibus Guidelines of the Implementation of the National Vaccine Deployment Plan for COVID -19" to provide the overall guidance to implementers on vaccine administration of the National Deployment and Vaccination Plan. This reiteration shall clarify policy directions for the ongoing implementation of the COVID-19 vaccine deployment program:

A. Strict Implementation of the Prioritization Framework and Vaccine Administration

1. All designated vaccination sites, including their corresponding oversight health facility or local government unit, shall be accountable for ensuring allocation and administration of the COVID-19 vaccines only to eligible recipients based on the prioritization framework indicated in DM 2021-0099.

2. Vaccines under Emergency Use Authorization (EUA) of the Philippine Food and Drug Administration are strictly not allowed for selling. Violations to this provision is punishable by law in pursuant to the Republic Act No. 9711, otherwise known as the Food and Drug Administration Act of 2009.

3. Non-compliance to the EUA, prioritization framework, and vaccine administration guidelines shall be used as additional consideration in future allocations and public reporting of performance, further elaborated in subsequent guidelines to be issued.

4. Centers for Health Development shall ensure compliance of vaccination sites to the the terms and conditions of the COVAX facility and other multilateral negotiation agreements that indicate possible suspension of all or part of its funding or vaccine allocation to the country if it has reason to suspect that funds, equipment, supplies, or approved vaccine have been misused or used for purpose other than for the programme described in the country's application.

B. Masterlisting and Allocation Planning for all Priority Group A1 populations:

1. Accountable units for each sub priority group of Priority Group A1 shall be as follows:

Sub-priority Group	**Accountable Unit**
Priority A1.1 COVID-19 referral hospitals designated by the DOH;	Hospital chiefs, consolidated by NVOC and CHD
Priority A1.2 Public and private hospitals and infirmaries providing COVID-19 care, as prioritized based on service capability, starting from level 3 hospitals, to level 2 hospitals to level 1 hospitals, and then infirmaries; Among hospitals with a common service capability, the order of priority shall be from facilities owned by the DOH, then facilities owned by LGUs, and then facilities owned by private entities;	Hospital chiefs, consolidated by NVOC and CHD
Priority A1.3 Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc) that cater to COVID-19 suspect, probable, and confirmed cases, close contacts, and travellers in quarantine;	LGUs by province/ HUC/ ICC, except for national quarantine and isolation facilities through NVOC
Priority A1.4 Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases;	Hospital chiefs, consolidated by NVOC and CHD
Priority A1.5 Government owned primary care based facilities such as Urban Health Centers, Rural Health Units and Barangay Health Stations, birthing homes, and Local Health Offices to include members of BHERTS, contact tracers, social workers;	LGUs by province/ HUC/ ICC
Priority A1.6 Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified (e.g. clinics, dialysis centers, dental clinics,	LGUs by province/ HUC/ICC

and COVID-19 laboratories), dealing with COVID-19 cases, contacts, and specimens for research purposes, screening and case management coordinated through their respective local government units; and This shall include all health workers that are not based in any health facility.	CHDs for laboratories NVOC for staff involved in screening and border control through NGAs such as BOQ
Priority A1.7 Closed institutions and settings such as, but not limited to, nursing homes, orphanages, jails, detention centers, correctional facilities, drug treatment and rehabilitation centers, and Bureau of Corrections.	LGUs by province/HUC/ICC

2. Each accountable unit shall ensure implementation of the following functions:
    a. Conduct of open calls for master listing of eligible populations
    b. Conduct verification of eligibility for the priority group
    c. Submit updated masterlists and attested endorsement of total number of eligible population using official institution letterhead signed by head of institution to the appropriate Vaccine Operations Centers (VOC) on the designated deadlines
    d. Incorporate all members of the subpriority group in local plans for microplanning
3. Regional Vaccine Operations Centers (RVOC) shall ensure validation of masterlists through the following methods:
    a. Separate counting and reporting of LGU masterlist submissions between facility-based and non-facility based Priority A1 eligible recipients, preferably with appropriate sub prioritization category (A1-1.A1.7)
    b. Strict requirement of a signed attestation form by the Medical Center Chief or Local Chief Executive that includes the number of endorsed eligible population and compliance to the prioritization framework for eligibility
    c. RVOC validation of outlier facilities who have submitted attested masterlists, which may include the following flags:
        i. Outliers (upper and lower 10%) of masterlist submissions by hospital type
        ii. Community facility workers higher than average workers in hospitals
        iii. Health facility masterlists more than 3 times their licensing data on health human resource

d. Random checks for eligibility of persons submitted through masterlists by the Regional and National VOC as necessary

4. Local Government Units (LGUs) shall lead in the master listing of all Priority Groups:

   a. All health care workers in stand alone facilities, non-health facilities or those conducting private practice as indicated in Priority Group A1.6 shall coordinate with their respective LGUs for masterlisting.

   b. All private workers and businesses shall ensure internal masterlists are provided to the LGU for consolidation and oversight in overall allocation and planning.

   c. Local DOH offices shall coordinate with LGUs for the schedule of registration and masterlisting of the next priority eligible groups, and communicate the same to the public.

C. Masterlisting and Allocation Planning for Priority Group A2

1. Sub-prioritization shall be as follows:

   a. Priority A2.1. Institutionalized senior citizens including those in registered nursing homes and other group homes with elderly working together (e.g. convents).

   b. Priority A2.2. All other senior citizens, including bed-ridden senior citizens at home

2. Allocation of vaccines to Priority Group A2 shall ensure the following:

   a. Allocation of vaccines to senior citizens shall be done only after those masterlisted in Priority Group A1 have been provided doses in the scheduled vaccination days

   b. Only vaccines with appropriate Emergency Use Authorization (EUA) and Health Technology Assessment for the respective age groups shall be allocated and provided to Priority Group A2

   c. Allocation of vaccines to LGUs shall be based on completion of masterlists, adequacy of validation mechanisms, and readiness for implementation for Priority Group A2

3. Masterlisting should ensure appropriate reach of eligible population:

   a. For institutionalized senior citizens, LGUs shall coordinate directly with institutions to ensure complete coverage. Unregistered group homes and institutions should be overseen by the LGUs especially for AEFI monitoring

post-vaccination and encouraged to be registered with the Department of Social Welfare and Development.

b. For other senior citizens, LGUs shall conduct open calls for masterlisting through advertisement in social media, posting announcements in public or commercial spaces, coordination with institutions and group homes within their locality, or home visitation by LGU staff for bed ridden seniors.

c. Senior citizens with special conditions (i.e. bedridden, those who are in a vegetative state, and those with limited life expectancy) shall obtain medical clearance from their attending physicians to discuss vaccine specific risks and benefits of vaccination to the unique situation of the patient.

4. Implementation guidelines for Priority Group A2 shall include the following provisions:

a. LGUs shall ensure official notification of eligibility and scheduling of eligible senior citizens

b. LGUs should facilitate transportation of senior citizens to vaccination centers through shuttles or allowing private transportation

c. Vaccination sites shall ensure that informed consent for the COVID-19 vaccination follow hierarchy of legally authorized representatives from national ethical guidelines

d. The Department of Health shall develop alternative formats of current templates such as informed consent forms and other materials shall be made available for senior citizens to ensure readability through simpler formatting and larger fonts

e. Vaccination sites shall ensure that waiting and monitoring areas shall be compliant to minimum health standards and conducive for senior citizens such as ensuring adequate ventilation and temperature control

D. Interim Clinical Guidelines for Implementation

1. To harmonize and standardize implementation of the National COVID-19 Vaccine Deployment Program, the following interim clinical guidance are recommended by the iNITAG to be updated based on best available evidence:

a. To standardize implementation and limit confounding variables during Adverse Event Following Immunization (AEFI) causality investigations, the recommended interval between a COVID-19 and a non-COVID-19 vaccine is 14 days.

b. For individuals with an anaphylactic reaction to the first COVID-19 vaccine received, eligible vaccine recipients may be given complete dose of a different available vaccine provided there is (a) minimum interval of 14 days, (b) second vaccine does not contain the same excipients as the first vaccine, and (c) clearance from an allergology specialist.

c. For eligible COVID-19 vaccine recipients needing urgent vaccination such as with anti rabies, tetanus, or immunoglobulins for animal bite, the recommended vaccine series must be completed first.

    i. If an eligible COVID-19 vaccine recipient is for the first dose, there must be a 14 days interval from completion of treatment.

    ii. If an eligible COVID-19 vaccine recipient is for the second dose, there must be a 14 days interval from completion of treatment. There is no need to repeat the first dose.

d. Vaccination has no effect on RT-PCR test results. Serological testing or other diagnostic tests to detect current or previous infection with SARS-CoV-2 before vaccination is NOT necessary nor recommended before vaccination.

e. Deferment of vaccination should be advised for eligible vaccine recipients that are found to have the following during health screening:

    i. For those with active disease or other symptoms, defer and schedule until resolution of symptoms. For patients with COVID-19 symptoms, patients may be referred for COVID-19 testing if warranted, and deferred until they are fully recovered consistent with DOH guidelines.

    ii. For those patients presenting with sBP > 180 and/or dBP >120 with signs and symptoms of organ damage (Hypertensive Emergency), defer vaccination and refer to the emergency room immediately. Reschedule vaccination until this condition is controlled. For patients with blood pressure elevation not considered as hypertensive emergency, administer vaccine and patients must be monitored for 30 to 60 minutes outside the vaccination site. All patients with persistent blood pressure elevation must be advised to seek clinic consultation for proper medical evaluation.

f. For individuals with a prior history of COVID-19 infection, vaccination should be deferred after 90 days from recovery or completion of treatment. However, healthcare workers directly providing care to COVID-19 cases may be given the vaccine before this period provided a recommended interval of 14 days from recovery or completion of treatment are met.

g. For individuals who became COVID-19 positive after receiving the first dose of vaccine, they should not be given the 2nd dose. For standardization and

effective implementation of AEFI monitoring and causality investigation, vaccination can be restarted after 90 days with a new first dose of vaccine.

2. The DOH shall consolidate all current Clinical Practice Guidelines for reference of implementers at http://bit.ly/COVID19CPGs. The following Clinical Practice Guidelines are adopted as references for the National COVID-19 Immunization Program:

    a. Position Statements of the Philippine Society of Allergy, Asthma, and Immunology on COVID-19 Vaccines and their Adverse Reactions. Released on March 19, 2021, www.psaai.org.

    b. Joint Statements of the Philippine Heart Association (PHA) and the Philippine Society of Hypertension (PSH) on Elevated Blood Pressure Readings During COVID-19 Vaccination.Released on March 19, 2021.

    c. Philippine Society for Microbiology on COVID-19 Vaccines and the Immunocompromised Host (ICH). Released on February 12, 2021

E. Health Registration and Screening During Vaccination Process

1. During registration, each potential vaccine recipient shall be provided a copy of the vaccine specific fact sheet summarizing contents of the EUA, health declaration screening form and informed consent forms upon arrival to vaccination posts.

2. The health declaration screening form shall be used in screening the eligible vaccine recipients. Specific health screening (e.g. age, allergy to vaccine components) may be adopted per vaccine and shall be issued in vaccine – specific guidelines.

3. Local Vaccine Operations Centers (LVOCs) shall ensure the production of materials for vaccine recipients and vaccination sites, using templates prescribed by the DOH, as necessary.

F. Legitimate Deferrals of Eligible Vaccine Recipients and Subsequent Allocation

1. All vaccination sites shall implement deferral of vaccination for all eligible vaccine recipients under the categories listed in DM 2021-0099, hereinafter referred to as legitimate deferrals.

2. Legitimate deferrals shall be allocated and provided vaccines at the time they will be allowed to be vaccinated. Heads of institutions shall forward deferred eligible recipients to the Local Vaccine Operations Center (LVOC) for planning and subsequent inclusion in future allocations.

3. Each vaccine recipient shall be allocated a complete dose regimen of the same vaccine depending on available supply. In the event of arrival of new doses of the same brand of vaccines, the allocation list shall be expanded consistent with the prioritization

same brand of vaccines, the allocation list shall be expanded consistent with the prioritization framework. Release of supply batched shall utilize the First In First Out approach in consideration of vaccine expiry and operational considerations.

4. To ensure uniform implementation of health screening, vaccine administration, and management of adverse events following immunization, national medical societies are requested to develop, update, and cascade brand or type-specific clinical practice guidelines for the COVID-19 vaccine deployment program. DOH guidelines shall be continually updated based on these recommendations.

G. Right of Refusal

1. Considering the institutionalised prioritization criteria and order of priority populations recommended by the iNITAG, the EUA issued by the FDA where the use of Sinovac vaccine among healthcare workers directly providing care to COVID-19 cases, though not contraindicated, is not recommended based on existing evidence, and the current absence of any available other COVID19 vaccine, Sinovac shall be administered to **consenting members of Priority Group A1**, without prejudice to their immediate eligibility to receive the other vaccine brands which may be available at a later date. Subsequently, implementation guidelines stated in DM 2021-0114 "Guidelines on the Management and Administration of the Initial 600,000 Donated SARS COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses" shall remain in effect until there are changes to its EUA

2. Right of refusal provision is not applicable to other priority groups and other vaccines wherein there are no special precautions in its Emergency Use Authorization

H. Disposal of Personal Protective Equipment (PPE)

Healthcare waste management and disposal shall be in line with provisions in prior released issuances:

1. DOH Healthcare Waste Management Manual 4th edition (April 2020)

2. Annex A. Infection Prevention and Control Practices of Department Memorandum No. 2020-0072, Otherwise known as the " Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities"

3. Department Memorandum No. 2021- 0031, entitled "Interim Guidelines on the Management of Health Care Wastes Generated from COVID-19 Vaccination."

F. Reporting Guidelines

1. All designated vaccination sites shall ensure reporting vaccination day performance through the following platforms:

    a. End of day report in the prescribed template submitted through the DOHDataCollect Quick Count application for all vaccination sites or through

the standardized reporting template using the .xls file format and uploaded to https://tinyurl.com/dailyVASreport

b. Full patient details of all vaccine recipients shall be sent through an excel format to the DICT for integration with the Vaccine Information Management System (VIMS) by uploading their files to http://bit.ly/VIMSVASupload. The DICT shall ensure accuracy of reported data before submission to NVOC and transmittal to TG Demand Generation and Communication.

c. Adverse Events Following Immunization (AEFI) are any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. AEFIs are classified as a notifiable health event of public health concern in accordance with the 2020 Revised Implementing Rules and Regulations of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act. All health care providers and vaccination sites shall proactively detect and notify AEFIs from COVID-19 until one year after the latest dose of the vaccine recipient, as aligned with the instructions from the Emergency Use Authorization granted by the Food and Drug Administration for COVID-19 vaccines, through the following processes:

d. All health care providers shall proactively detect AEFIs by asking for vaccination history among all patients seen, and classify seriousness based on established definitions.

e. Serious AEFIs shall be prioritized in notification, reporting and response efforts, including but not limited to clinical management, care coordination or referrals, and crisis communication. Serious AEFIs are (a) AEFIs that result in any of the following outcomes: death; hospitalization or prolongation of an existing hospitalization; persistent or significant disability or incapacity; congenital anomaly or birth defect; or (b) AEFIs that may be life-threatening; or (c) AEFIs that require intervention to prevent any of the above-mentioned outcomes; or (d) AEFIs that are classified by the Department of Health, as recommended by the National AEFI Committee, as a medically important event or reaction.

f. Upon detection, all health care providers shall accomplish the case investigation form (CIF) for AEFI, as downloadable from bit.ly/CIF-2021

g. For minor or non-serious AEFIs, all health care providers shall only be required to fill out all fields in page 1 of the CIF.

h. For serious AEFIs, all health care providers shall be required to fill out page 1 immediately for initial notification and reporting purposes, without compromising provision of patient care. For the subsequent pages, health care providers, local and regional epidemiology and surveillance units (ESU) shall cooperate and collaborate to comprehensively complete the other pages.

i. For serious AEFIs, immediate notification shall be done to the respective LVOC and/or LESU, and RVOC and/or RESU based on locally set or regionally set mechanisms.

j. For serious AEFIs, immediate notification shall be provided to the Epidemiology Bureau in the following format sent to **09278234328 (Globe) or 09392108316 (Smart)**:

FORMAT	EXAMPLE
Name, Age, Sex, Hospital, Date of Vaccination, Signs and Symptoms, Date of Onset of Symptoms, Management, Outcome	Juan Dela Cruz, 54/M, UP-PGH, Vaccinated March 2, 2021, Dizziness, March 2, 2021 Given oral hydration and observed as out-patient, Sign/ symptoms resolved and sent home

k. All hospitals, through their designated hospital ESUs, shall encode page 1 of the CIF from all newly detected AEFIs within their institution directly to VigiFlow at vigiflow.who-umc.org before 6:00PM of each day, including weekends and holidays.

l. All non-hospital health care providers, such as but not limited to local health offices, government and non-government non-hospital vaccination sites, government and non-government non-hospital health facilities, shall submit page 1 of the CIF for encoding by their LVOCs through their local ESUs.

m. Local ESUs shall encode newly detected or newly received reports by directly to VigiFlow at vigiflow.who-umc.org before 6:00PM of each day, including weekends and holidays.

n. For serious AEFIs, all local ESUs and hospital ESUs shall update their respective RESUs or their representatives designated by the CHDs by submitting updated CIFs and informing of the latest clinical status, investigation status, and other pertinent information on a daily basis.

o. The Vaccine Safety Surveillance and Response Teams of the Local Vaccination Operations Centers shall regularly coordinate with all government and non-government health care providers within their geographic jurisdiction to widen the capture of AEFI CIF, monitor timeliness of notification of AEFIs with particular attention to serious AEFIs, render appropriate clinical management and care coordination or referrals, and comprehensively investigate serious AEFIs.

p. Food and Drug Administration (FDA) Regional Field Offices, by virtue of Article VIII, Section 5.e, of the Implementing Rules and Regulations of RA 9711, shall perform their stated role "To implement the established postmarketing surveillance system in monitoring health products and incidents of adverse events involving such products in coordination with the Product Research and Standards Development Division of each Center", in alignment with Section VI.H.2. of FDA Circular No. 2020-0036, wherein "the FDA together with concerned offices of the DOH shall conduct post-authorization monitoring to track product deployment, additional relevant information, and the status from the manufacturer concerning full-product life-cycle. Post-

authorization monitoring shall include adverse effects following immunization (AEFI) or adverse drug reactions (ADR)."

i. FDA Regional Field Offices shall regularly check for newly encoded reports of serious AEFIs from VigiFlow, at least three times a day everyday, including weekends and holidays.

ii. FDA Regional Field Offices shall confer immediately with the RESU to validate and conduct investigation on newly notified serious AEFIs.

iii. When the Regional Epidemiology and Surveillance Unit is the first one to be notified through other channels of communication of a serious AEFI, the RESU shall inform the FDA Regional Office.

iv. FDA Regional Offices shall be primarily in charge in investigating specific sections of the Case Investigation Form pertaining to vaccine product quality, and cold chain and transport.

2. The Task Group on Demand Generation shall develop guidelines on the following:

   a. Reporting of COVID-19 vaccination statistics, including determination of official channels and cadence of release of the official vaccines bulletin; and

   b. Process and structure of crisis communications for AEFI, including prescribed holding statements.

G. Updates on Issuances, Templates, and Reference Materials

1. All implementers shall conduct its COVID-19 vaccination program in consideration of the additional released issuances:

   a. Department Memorandum 2021-0123: Interim Guidelines for the Management and Administration of the AstraZeneca (ChAdOx1-S [recombinant]) COVID-19 Vaccine

   b. Department Memorandum 2021-0114: Guidelines on the Management and Administration of the Initial 600,000 Donated SARS COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses

   c. Department Memorandum 2021-0116: Interim Guidelines on the Identification and Utilization of COVID19 Vaccination Sites

2. All standard templates for the vaccination day such as health screening forms, fact sheets, informed consent form shall continue to be updated in the following link: bit.ly/RESBAKUNAMaterials. All vaccination sites are recommended to use most updated versions of templates.

3. All implementers shall disseminate updated materials from bit.ly/RESBAKUNAMaterials in their official platforms. Access to reference materials is provided through the following links:

a. For LVOCs/LGUs/other local partners or groups, the COVID-19 Vaccines Champions Kit may be downloaded at bit.ly/COVIDVaccinesPHChampionsKit.

b. Policies issued by the government regarding COVID-19 vaccination may be accessed at bit.ly/COVIDVaccinePolicies.

c. Information on COVID-19 vaccines may be verified through https://doh.gov.ph/vaccines and covid19.gov.ph/vaccine.

Implementation of the strategies to mitigate the spread and reduce morbidity and mortality due to COVID-19 which includes COVID-19 Vaccination with the Prevention, Detection, Isolation, Treatment and Reintegration strategy shall be a shared responsibility of the National Government, LGUs, private sector, and of the public.

The National Vaccines Operations Center, through the DOH Centers of Health Development, shall ensure effective cascade of all new guidelines and evidence related to the National COVID-19 Vaccine Deployment Program to all implementers.

For information of all concerned and strict compliance.

By Authority of the Secretary of Health:

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO IV

OIC-Undersecretary for Health

Public Health Services Team

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 30, 2021

DEPARTMENT MEMORANDUM
No. 2021 - 0157

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 AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS, AND OTHERS CONCERNED**

SUBJECT: **Implementing Guidelines for Priority Group A3 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines**

I. RATIONALE

On March 1, 2021, the National Government has initiated the rollout of the COVID-19 Vaccine Deployment Program with the use of the SARS-COV-2 Vaccine (Vero Cell) Inactivated CoronaVac (SinoVac) and Astrazeneca COVID-19 vaccine, in efforts to: 1) reduce morbidity and mortality while maintaining the most critical essential services; 2) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others; 3) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and 4) responsibly resume social and economic day-to-day operations and activities.

The issuance of Department Memorandum No. 2021-0099, otherwise known as the "Interim Omnibus Guidelines of the Implementation of the National Vaccine Deployment Plan for COVID-19", provided the necessary guidance for the prioritization, allocation, distribution, and appropriate administration of COVID-19 vaccines in the country.

This issuance aims to provide further guidance on implementation of simultaneous vaccination to Priority Groups, and implementing guidelines for Priority Group A3: adults with controlled comorbidities.

II. GENERAL GUIDELINES

A. The National COVID-19 Vaccine Deployment Program is an additional strategy to complement the existing implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategies which shall remain to be the cornerstone of the country's response to prevent further transmission. The improved PDITR Plus (intensified PDITR and simultaneous vaccination) Strategy shall be a shared responsibility of the national government, local government units, private sector, and the general public.

B. The Department of Health (DOH) Task Group Immunization Program, with the Department of Information and Communications Technology (DICT), shall ensure that a platform for both electronic and manual masterlisting are available for the entire population that is collected and used consistent with Data Privacy Law:

1. A national electronic self-registration system is preferable, linked to local government platforms. Alternatively, a platform or website may be developed wherein all electronic self-registration platforms and processes for manual registration are consolidated.

2. To reduce barriers in masterlisting, processes should allow simultaneous collection and registration across all priority groups, and should not be limited to the specific targeted Priority Groups only.

3. The information and data fields to be collected prior to the vaccination day should include data that can allow identification and verification of the population to their respective Priority Groups, especially as the national government ramps up vaccine deployment to the general population.

4. Local government shall ensure manual processes for masterlisting are available to their population, and submit the same through endorsed platforms of the DICT;

5. Task Group Demand Generation shall consolidate, publicize, and disseminate electronic and manual platforms for masterlisting through official channels.

C. The speed and the impact of the National COVID-19 Vaccination Program shall be maximized while taking into consideration the currently available evidence on the COVID-19 vaccine's ability to protect against severe COVID-19 and deaths. Simultaneous deployment to succeeding Priority Groups shall be allowed, provided that adequate measures to reach eligible individuals both electronically and manually are in place, that deadlines for *"Last Mile Masterlisting"* defined as targeted outreach to specific groups are adequately publicized, and that LGUs and vaccination sites are ready for implementation.

1. The Vaccine Cluster shall maximize and ensure appropriate reach of Priority A1 eligible population especially in high burden areas to be identified by DOH or the Interagency Task Force for Emerging and Infectious Disease (IATF-EID), before proceeding to simultaneous implementation in succeeding priority groups.

2. An adequately publicized *Last Mile Masterlisting* campaign for Priority Group A1, with communication strategies targeted for dissemination to the eligible

population (instead of just to local government units and implementers), is recommended. This provision does not prohibit eligible Priority Groups to be vaccinated after the deadline if deemed appropriate by the head of the accountable institution.

3. Local government units shall tap local offices, interest groups, or chapters of health professional societies to ensure adequate reach especially of Priority Group A1.6 in the *Last Mile Masterlisting* Campaign. Priority Group A1.6 which encompasses all workers that are not based in health facilities that provide COVID-19 case management, screening at borders and points of entry, or management of specimens. For example, this group shall encompass all other healthcare workers such as community based health workers, midwives, dentists, pharmacists, pharmacy assistants, company healthcare workers, private duty nurses and caregivers, funeral staff, among others.

4. For the allocation of Astrazeneca vaccines and other incoming doses, simultaneous deployment to Priority Group A2 (Senior Citizens) shall be implemented consistent with D.C. No. 2021-0101 Section C.

5. For the 400,000 doses of SINOVAC vaccines delivered on March 24 and 1 Million doses on March 29, 2021, simultaneous deployment to Priority Group A3: (Adults with Controlled Comorbidities) shall be implemented consistent with the following interim guidelines detailed in Section III-C of this guidelines.

6. Simultaneous vaccination of succeeding priority groups (especially when vaccine supplies from multipartite agreements come in) shall adhere to the operational guidelines developed by the Department of Health and Vaccine Cluster, as endorsed by the Interim National Immunization Technical Advisory Group, and as approved by the Interagency Task Force for Infectious and Emerging Disease.

D. Implementation of the vaccination program shall be coordinated with the assistance of military and uniformed personnel (MUP), the private sector, and with support from other national government agencies, especially to fulfill the following:

1. Streamline on-site processes through the completion of documentation and screening processes prior to the actual date of vaccination and strategic scheduling of vaccine recipient;

2. Designate and utilize larger vaccination sites as necessary, with observance of the respective allowed maximum capacities of such sites;

3. Maintain minimum public health standards particularly on physical distancing measures;

4. Delegate administrative and ministerial functions (such as registration, counselling, crowd control, etc.) to non-healthcare workers to reduce workload of healthcare workers during actual inoculation dates;

5. Maximize business processes to ramp up the vaccination program such as but not limited to the following: marketing, organizing, managing manpower, and

employing responsive Information and Communications System (ICT) solutions; and

6. Ensure continuous vaccination activities even during weekends and holidays. If physical and human resources are available, 24/7 vaccination may be done.

E. Current vaccine-specific implementation guidelines shall remain in effect for succeeding incoming vaccine supplies unless otherwise revised by the Public Health Services Team in line with updates of the Philippine FDA's Emergency Use Authorization. Specifically, these issuances include:

1. Department Memorandum No. 2021-0114: "Guidelines on the Management and Administration of the Initial 600,000 Donated SARS COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses". Administration

2. Department Memorandum No. 2021-0123: "Interim Guidelines for the Management and Administration of the AstraZeneca (ChAdOx1-S [recombinant]) COVID-19 Vaccine" respectively.

F. It is further clarified that Sinovac is not recommended for adults with uncontrolled or poorly controlled comorbidities.

1. Other vaccines consistent with their EUA may be used for adults with uncontrolled comorbidities.

2. Sinovac may be given to adults with clinically-controlled disease comorbidities and not in active disease, further defined in succeeding provisions.

G. It is further clarified that all Filipinos including overseas Filipino Workers, and other groups with legal residency status in the Philippines (i.e. foreign nationals, diplomats) shall be included in the priority group appropriate to their circumstance. For example, said individuals meeting the eligibility criteria for Priority Group A2 (senior citizens), Priority Group A3 (adults with controlled comorbidities), and the like may masterlist with their respective local government units (LGU) subject to supply availability.

III. IMPLEMENTING GUIDELINES

A. Masterlisting and Scheduling in Vaccination Sites

1. Local government units shall lead in the masterlisting of the respective general population, consistent with their roles in profiling the health status of their constituents as stipulated in the Universal Health Care Act. Such masterlisting may be done through the following measures:

a. Coordination with institutions where the eligible population belongs to such as workplaces or health facilities;

b. Coordination with organized senior citizen, patient, or interest groups. This includes disease-specific support groups and palliative care, hospice groups if available;

c. Coordination with public and private health facilities, and professional medical societies to encourage patients to masterlist in their respective LGUs;

d. Open call to eligible population through the use of appropriate media platforms and house-to-house visits to populations by community health workers, consistent with minimum public health standards; and

e. Existing disease registries of the LGU, if available.

2. All Filipinos shall indicate their interest to be vaccinated through their LGUs based on the address of their permanent or current residence or workplace. The DICT must ensure that the Vaccine Information Management System - Information Registry shall check for duplication across different LGUs through its centralized data warehousing platform.

3. For the groups specified below, LGUs shall ensure vaccination is conducted or scheduled either in a separate site/ facility stated below or in current LGU vaccination sites but at a separate date from the other population:

   a. People living with HIV, through the HIV treatment hubs, to keep privacy and confidentiality of patients, provided that the treatment hubs have adequate human resource and capability to conduct the vaccination based on the National Vaccination and Deployment Plan.

   b. People affected with Tuberculosis, through the TB-DOTS centers, provided that assigned health workers and TB patients have adequate, appropriate Personal Protective Equipment (PPE). Patients with multidrug-resistant tuberculosis (MDR TB), through the Programmatic Management for Drug resistant Tuberculosis (PMDT) treatment centers/satellite treatment centers, must be strictly vaccinated on a separate place or schedule, ensuring that health care workers are equipped with N95 masks and other appropriate PPEs.

   c. Bed ridden patients at home and/or in institutions (home for the aged, nursing homes, infirmaries, etc.), wherein LGUs may schedule on-site vaccination teams, ensuring appropriate processes and mechanisms for Adverse Events Following Immunization (AEFI) referral such as ensuring availability of ambulances. Medical clearance and dialogue with the attending physician is necessary for bed ridden patients.

   d. LGUs should develop a mechanism for citizens at home with medical clearance for vaccination to be scheduled for vaccination.

B. Identification and Utilization of COVID-19 Vaccination Sites

1. Off-site or non-health facility based sites (e.g. schools, gymnasiums, treatment hubs, etc.) that fulfill guidelines set in the NVDP, Department Memorandum 2021-0116

entitled *"Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites"*, and subsequent guidelines shall be allowed to operate as a vaccination site, provided they are linked to a licensed health facility (such as public or private hospital or rural health units). The licensed health facility shall assist in ensuring the readiness of vaccination sites, especially regarding the management of AEFI. Larger sites that allow for efficient and safe vaccination operations and compliance to minimum health standards are preferred.

2. The only allowed non-fixed site COVID-19 Vaccination Implementing Units and Vaccination Sites shall be in the instance of home-based vaccination of homebound senior citizens or adults with comorbidities. In these instances and consistent with guidelines for medical clearance, LGUs shall ensure medical clearance for bed-ridden patients from attending physicians prior to the vaccination day. There must be appropriate health teams to do the vaccination and referral systems to health facilities on standby. Facilitated transportation of these individuals to vaccination sites is preferred, if feasible.

3. All vaccination sites shall ensure compliance to minimum public health standards consistent with Administrative Order 2020-0015 or the Guidelines on the Risk based Public Health Standards for COVID-19 Mitigation and Department Memorandum 2020-0268 or the Interim Guidelines on Health Facilities in the New Normal.

4. LGUs shall ensure that the vaccination sites can reach all sectors and communities, workplaces, or establishments within one hour of travel from each resident. LGUs may facilitate transportation of recipients for hard-to-reach areas of the community provided minimum public health standards are met.

5. The Local Vaccine Operations Center (LVOC) shall ensure that the designated COVID-19 vaccination sites shall comply with the standards and requirements prescribed in the LGU Assessment Tool, as specified in the Department Memorandum No. 2021-0116 . The LVOC shall monitor and ensure compliance of vaccination sites during actual vaccination.

C. Priority Group A3: Adults with Controlled Comorbidities

1. Eligibility

    a. Any adult between 18-59 years old with any controlled comorbidity can be part of Priority Group A3.

    b. Priority shall be given to adult whose comorbidities are among the top causes of COVID-19 and national morbidity and mortality for prioritization to include chronic respiratory disease, hypertension, cardiovascular disease, chronic kidney disease, cerebrovascular disease, malignancy, diabetes, obesity, chronic liver disease, neurologic disease, and immunodeficiency state.

    c. Any of the following may be provided as proofs of comorbidity issued within the past 18 months:

        i. Medical certificate from an attending physician;

        ii. Prescription for medicines;

iii. Hospital records such as the discharge summary and medical abstract;

iv. Surgical records and pathology reports

2. In case of limited vaccine supply, further sub-prioritization of Priority Group A3 shall be done based on geographic burden of COVID-19 disease and LGU vaccination readiness.

3. Additional precautionary measures for implementation of vaccine deployment with Priority Group A3 shall be as follows:

   a. Administration of vaccines shall take into consideration specific comorbidities indicated as contraindications and precautions in vaccine product list or in the EUA issued by the Philippine Food and Drug Administration.

   b. Vaccines shall not be administered to those with uncontrolled or poorly controlled comorbidities, and those in active disease

D. Medical Clearance

1. Those belonging to the following A3 sub-groups need to secure a physical or electronic medical clearance prior to vaccination from either their specialist or attending physician through any means such as but not limited to teleconsultation, consultation at designated facilities, hubs, RHU or other primary care centers designated by the LGU:

   a. Autoimmune disease

   b. HIV

   c. Cancer/ Malignancy

   d. Transplant Patients

   e. Undergoing steroid treatment

   f. Patients with poor prognosis/ Bed-ridden patients

2. The medical clearance process for these groups shall enable individual risk-benefit assessment by the attending physician. It may be presented in electronic format, with the full name of the attending physician and their corresponding contact details for verification. It shall be issued by licensed physicians or may also come from referral apex hospitals, through telemedicine and Rural Health Units.

3. Those with other comorbidities not previously specified do not need medical clearance prior to vaccination but shall still undergo screening on vaccination day for active disease.

4. Local governments shall ensure that primary care facilities have coordination and referral mechanisms with the nearest Apex hospitals and training on Clinical Practice Guidelines that will serve as guidance on providing medical clearance to those with comorbidities who cannot consult at hospitals.

5. To reduce barriers in vaccination, LGUs shall ensure that the systems providing for medical clearances to the appropriate A3 subgroups shall be accessible and available to all members who need to secure a medical clearance prior to vaccination.

E. Deferment Guidelines

1. Potential vaccine recipients who are screened on the day of the vaccination and are found to have any of the following shall be considered as in active disease and thus, will be deferred for vaccination:

    a. With symptoms of COVID-19 or their comorbidity;

    b. Abnormal vital signs including heart rate, respiratory rate, and blood pressure (as defined in E.4) even after monitoring for 60 minutes;

    c. Have had attacks, admissions, or changes in medication for the past 3 months.

2. Assessment of eligible deferrals shall be based on the clinical judgement of the physician at the COVID-19 vaccination site. Reasons for deferral need to be adequately explained to the potential vaccine recipient.

3. Eligible vaccine recipients who at the time of consultation, fall under the categories specified in DM 2021-0099 Section III.I4 shall also be deferred for vaccination.

4. Patients presenting with hypertensive emergencies (sBP > 180 and/or dBP >120 with signs and symptoms of organ damage) shall not be vaccinated and must be referred to the emergency room immediately. Vaccination shall be rescheduled until the condition is clinically controlled.

5. DC 2021-0101 Section D.1.g which states "For individuals who became COVID-19 positive after receiving the first dose of vaccine, they should not be given the 2nd dose. For standardization and effective implementation of AEFI monitoring and causality investigation, vaccination can be restarted after 90 days with a new first dose of vaccine." is amended for implementation uniformity. All vaccine recipients who contracted COVID-19 after the first dose may be given the second dose provided a recommended interval of 14 days from recovery or completion of treatment are met, without restarting the vaccine dose schedule.

F. Additional processes and activities in the vaccination sites

1. Parallel activities that may or may not be related to vaccination shall be allowed to be conducted in vaccination sites provided that:

    a. Activities are done in a separate adjacent area from the vaccination and monitoring area (not in the vaccination site);

    b. Strict adherence to minimum public health standards are met, especially having appropriate engineering and administrative controls against crowding;

c. Implementation of the vaccination program and parallel activities fulfill maximum capacity requirements consistent with the epidemic risk levels and guidelines of the DOH and IATF-EID;

d. Activities are done after the vaccination proper, and not as a prerequisite to vaccination; and

e. Implementing the parallel activities does not impact the efficient operations of the vaccination program which is of utmost importance.

2. Local government units shall coordinate with PhilHealth Local Health Insurance Offices to enable on-site PhilHealth support in designated vaccination sites such as but not limited to PhilHealth membership updating or registration to primary care providers, subject to rules and regulations of PhilHealth. LGUs and PhilHealth shall ensure all vaccine recipients shall be provided financial coverage especially in terms of AEFI and healthcare up to one year after vaccination.

3. Other parallel activities may include:

   a. Registration to the National ID through the Philippine Identification System (PhilSys) on site, in coordination with the National Economic Development Authority (NEDA) and the Philippine Statistics Authority (PSA).

   b. Access to other essential local government services as a one-stop-shop, if relevant to specific eligible vaccine recipients scheduled on those days.

   c. Registration into local disease-specific groups or release of information materials related disease prevention and control.

4. LGUs and head of vaccination sites shall ensure that preconditions stated above are met prior to implementation of parallel activities.

For dissemination 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

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 08, 2021

DEPARTMENT MEMORANDUM
No. 2021 - 0175

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 OTHER CONCERNED OFFICES**

SUBJECT: **Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines and Additional Guidelines for Sinovac Vaccine Implementation**

The Department Memorandum 2021 - 0099 or the "Interim Omnibus Guidelines on the Implementation of the National Vaccine and Deployment Plan for COVID-19 Vaccination" highlighted the COVID-19 vaccination as one of the major strategies to complement the existing measures and practices to mitigate the spread and reduce morbidity and mortality due to COVID - 19.

On April 7, 2021 the Philippines' Food and Drug Administration (FDA) updated the use of the Sinovac COVID-19 vaccine to allow vaccination on senior citizens, acknowledging the urgent need to protect senior citizens from severe disease and death, and considering the concerns on the availability of COVID-19 vaccines and the current transmission rate. However it was emphasized that there should be careful evaluation of the health status and exposure risk of the patient concerned to ensure the benefits outweigh the risk, with special attention to vaccine recipients who are hypertensives.

A. Additional General Guidelines on the National Deployment and Vaccination Plan for COVID-19 Vaccines

1. COVID-19 Vaccination remains an essential strategy to complement the existing implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategies, which is the cornerstone of the country's response to prevent further transmission. Vaccination and information dissemination activities should highlight the value and necessary actions to fully implement the PDITR strategies across all settings, whether at home, in communities, workplaces, and in the vaccination site.

2. Interim guidelines for the National COVID-19 Vaccination and Deployment Program are updated constantly depending on the availability of evidence and real world experiences. The Task Group on Immunization Program and Task Group on Strategic Communications shall ensure continuous updating and cascade of new policy

directions to implementers and the general public.

3. Given the essential role of vaccination for protection against COVID-19 severe disease and death, and its benefits against risks, all implementing guidelines of the National COVID-19 Vaccination and Deployment Plan shall be interpreted in favor of improving the speed and scale of implementation of the vaccination program.

B. Further Clarifications on the Vaccination Site Implementing Guidelines

1. On deferment guidelines

   a. Section III E.5 of Department Circular No. 2021-0157 is amended for simplification that all vaccine recipients who contracted COVID-19 may be vaccinated after recovery or completion of treatment, whether for first or second dose, without restarting the vaccine dose schedule.

   b. For vaccine recipients whose second dose shall be delayed due to deferment guidelines, the second dose may be provided immediately after the prescribed periods in the deferment guidelines without a maximum time interval, unless otherwise indicated.

   c. Only patients presenting with sBP > 180 and/or dBP >120 with signs and symptoms of organ damage (Hypertensive Emergency) should be deferred for vaccination. These patients shall be referred to the physician on duty at the vaccination site, and brought to the emergency room immediately. Other eligible vaccine recipients who do not meet blood pressure cutoffs for hypertensive emergency or target organ damage shall be vaccinated. LVOCs shall ensure appropriate equipment and techniques are used to measure blood pressure in vaccination sites.

   d. Pregnant and lactating women may be offered vaccination if they belong to the priority groups. Pregnant women in the first trimester shall not be vaccinated.

2. On medical clearance and certification

   a. Medical clearance and certification is not a requirement for vaccination except for the following comorbidities - autoimmune disease, HIV, cancer/malignancy, transplant patients, undergoing steroid treatment, and patients with poor prognosis/bedridden patients.

   b. Only cancer patients who are currently undergoing chemotherapy, radiotherapy, or immunotherapy, need medical clearance and certification prior to vaccination. Cancer survivors who are diagnosed as recovered do not need to present medical clearance and may be vaccinated.

   c. To ensure eligibility for Priority Group A3: Adults with Controlled Comorbidities, any of the following may be provided as proofs of comorbidity to the vaccination site:
      i. Medical certificate from an attending physician;
      ii. Prescription for medicines;

iii. Hospital records such as the discharge summary and medical abstract;
iv. Surgical records and pathology reports.
v. Any other proof that may indicate eligibility to Priority Group A3

This provision is further clarified that the proofs of comorbidity do NOT need to indicate that the comorbidity is controlled to be eligible for vaccination.

d. Examples of conditions under Priority Group A3 are summarized below. Other disease conditions not included below but belong to the general category of conditions are also eligible under Priority Group A3.

Included conditions	Examples
Chronic respiratory disease and infection	Asthma and respiratory allergies, Chronic Obstructive Pulmonary Disease, Interstitial Lung Diseases, Cystic Fibrosis, or Pulmonary Hypertension, Pulmonary Tuberculosis, Chronic bronchitis, Histoplasmosis, Bronchiectasis
Cardiovascular disease	hypertension coronary heart diseases, cardiomyopathies, peripheral artery disease, aortic diseases, rheumatic heart disease, congenital heart disease
Chronic kidney disease	
Cerebrovascular disease	Stroke and transient ischemic attack
Cancer	Malignancy
Diabetes Mellitus	Type 1 and Type 2
Obesity	
Neurologic disease	Dementia, Alzheimer's Disease, Parkinson's Disease, Epilepsy and Seizures, Bell's palsy, Guillan-Barre Syndrome, or acute spinal cord injury
Chronic liver disease	Hepatitis cirrhosis, non-alcoholic fatty liver disease
Immunodeficiency state	Genetic immunodeficiencies, secondary or acquired immunodeficiencies (i.e. prolonged use of corticosteroids), HIV infection, Solid organ or blood transplant patients
Other diseases	Sickle cell disease, Thalassemia or Down Syndrome

3. Informed consent shall only be obtained once, prior to administration of the first dose. A separate informed consent is not necessary on the administration of the second dose of vaccine.

4. On post-vaccination reminders and follow up

   a. LGUs and vaccination sites shall provide post-vaccination reminders and home instructions to all vaccine recipients physically as handouts, electronically, or through SMS-based reminders that shall include the following key messages:
      i. The need to continuously implement minimum public health standards after vaccination including wearing of face masks and shields, maintaining physical distancing, hand hygiene, seeking consult and immediate quarantine or isolation if exposed or with symptoms, among others.
      ii. Second dose schedule and reminders
      iii. Mechanisms to report any adverse event after immunization to the vaccination site or the LGU
      iv. Initial treatment or management for common adverse events
      v. Contact information or location for consultations or referrals

      Sample post-vaccination reminders are available at bit.ly/RESBAKUNAMaterials

   b. In designing local mechanisms of monitoring, LVOCs shall follow the minimum frequency of prompts or follow-up from the vaccine: one (1) week, two (2) weeks, one (1) month, three (3) months, six (6) months, and twelve (12) months after the date of vaccination. LVOCs may use more frequent intervals of monitoring depending on their capacity and agreements with the vaccination sites.

5. As indicated in Section III. B.1 of Department Memorandum No. 2021-0157, larger sites that allow for efficient and safe vaccination operations and compliance to minimum public health standards are preferred.
   a. Provided vaccination site standards are met and mechanisms for immediate management and referral to designated facilities in the health care provider network are in place, vaccination outside of health facilities and with more participation of non-health care workers during vaccination are preferred to decongest hospitals and workload of healthcare workers to focus on health care management for COVID-19 and AEFI.
   b. Vaccination sites shall ensure compliance to standards on maximum capacity, ventilation, engineering controls such as barriers and sectioning, availability of hand washing station, wearing of face masks and appropriate PPE.

6. The Vaccine Cluster and LGUs shall maximize efforts to ensure appropriate reach of Priority Group A1, A2, and A3 especially in high burden areas as identified by DOH or the Interagency Task Force for Emerging and Infectious Disease (IATF-EID), before proceeding to simultaneous implementation in succeeding priority groups.

C. Additional Guidelines and Amendment to Department Memorandum 2021 - 0114 or the "Guidelines on the Management and Administration of the Initial 600,000 Donated SARS-COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses".

1. Sinovac vaccine shall be allowed to be given to the elderly population (60 years old and above) provided there is careful evaluation of health status and exposure risk to

ensure that benefits of vaccination outweigh the risks, especially regarding vaccines who are hypertensives.

2. Senior citizens with history of hypertension, signs of organ damage, or is deemed warranted based on the clinical judgement of the primary care provider or attending physician of the vaccination site shall have their vital signs monitored prior to vaccination. Only senior citizens in hypertensive emergency defined in Section B Subsection 1-b shall be deferred for vaccination.

3. Especially for implementation of Sinovac vaccination in elderly hypertensives, appropriate post-vaccination AEFI monitoring preparations are reiterated for management of hypertensives, such as the following:
    a. Preparation of on-site AEFI kits for immediate management
    b. Pre-coordination with referral hospitals on the immediate transfer of patients in hypertensive urgency and emergency
    c. Implementation of endorsed management guidelines of the Joint Statement of the PHA and the PSH on Elevated Blood Pressure Readings During COVID-19 Vaccination.

4. Local Vaccination Operations Centers (LVOCs) shall implement enhanced passive surveillance of adverse events following immunization from vaccine recipients, reiterated below, with special priority to adults above 60 years of age:

    a. LVOCs shall develop, simulate, and implement enhancements to the current passive surveillance for AEFIs to standardize the local safety surveillance and response system within their jurisdiction, in terms of the mechanisms and frequency of reporting, regular monitoring of vaccine recipients, and encouraging them to report to the designated health care providers.

    b. To encourage reporting of the health status, and capturing AEFIs from the vaccine recipients, LVOCs shall set up their own local mechanisms for the monitoring of well or sick vaccine recipients to be followed by all vaccination sites. Examples include:
        i. Workplace nudges (e.g Email reminders, In-house reporting system)
        ii. App-based monitoring
        iii. SMS prompts (e.g. Tanod-COVID)
        iv. Hotlines (e.g. ONELINE Center)
        v. Physical Visit (e.g. house-to-house)

    c. To facilitate monitoring of the cohort of vaccine recipients of Sinovac, among adults above 60 years of age, vaccination sites shall regularly provide a linelist of all vaccine recipients to their LVOCs.

    d. LVOCs shall ensure that all vaccination sites counsel and educate all their vaccine recipients are provided post-vaccination reminders and counselled on self-care for common adverse events.

    e. LVOCs shall ensure that all AEFIs detected from local monitoring mechanisms are captured to ensure prompt signal detection, timely case investigation, and causality assessment. The following processes are

emphasized:

i. Vaccination sites and non-hospital health care shall report AEFIs to local epidemiology and surveillance units (ESU) within their jurisdiction.
ii. Local ESUs and hospital ESUs shall encode their reports through their accounts in VigiFlow, the national AEFI surveillance system.
iii. Reporting guidelines stated in Department Circular No. 2021-0101, with the subject "Clarification on Provisions of Department Memorandum 2021-0099 entitled the Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19" shall still remain in effect and be followed.

f. Regional Vaccination Operations Centers (RVOC) shall ensure that the LVOCs develop, recalibrate, and implement their microplans to include an enhanced passive surveillance of AEFIs within their jurisdiction. This may be done through desk review of reports, key informant interviews, and other mechanisms to ensure adequate preparation and continued implementation of LVOCs.

g. The National Vaccination Operations Center shall regularly monitor the actions and outputs of the RVOCs to ensure that LVOCs enhance or implement the enhanced passive surveillance of AEFIs, with special priority to adults above 60 years of age.

For dissemination 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

Annex 5 – DOH Infographic: Can I Get Vaccinated?

https://www.facebook.com/OfficialDOHgov/photos/4326925930651959