



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF PANABO CITY

092710113
 September 4, 2025

DIVISION MEMORANDUM
 No. 0195 s. 2025

**DISSEMINATION OF THE INTERIM GUIDELINES ON THE SCHOOL-BASED
 IMMUNIZATION (SBI) PROGRAM FOR SY 2025-2026**

To : Assistant Schools Division Superintendent
 Chief ES, Schools Governance and Operations Division
 Chief ES, Curriculum Implementation Division
 All Education Program Supervisors
 All Public Schools District Supervisors
 All School Heads and Principals of Public Elementary Schools
 All Concerned

1. Attached is the letter from the City Health Office of Panabo City dated September 1, 2025 and Department of Health Memorandum No. 2025-0318 re: "Revised Guidelines on the Immunization Services through Implementation of School-Based Vaccination" dated July 10, 2025.
2. The school officials are enjoined to provide full support in the conduct of SBI activities. Furthermore, parent consent of the students must be secured prior receipt of vaccines and other measures must be in-placed prior to the conduct of activity.
3. Grade 1 and Grade 7 school children shall be vaccinated with MR and Td vaccines while Grade 4 female school children shall be vaccinated with HPV vaccine. These vaccinations shall follow the appropriate dosages, scheduling, and intervals. The roll-out and implementation of the SBI will start on October 2, 2025 as its kick-off date until October 31, 2025.
4. Schools shall endorse the list of Grade 1, Grade 7, and female Grade 4 children enrolled for the current school year to their respective LGUs or local health center. The recording forms may be accessed via: <https://tinyurl.com/SBIReporting>.
5. For your information and guidance.

JINKY B. FIRMAN PhD CESO VI
 Schools Division Superintendent

Enclosed.: As stated.
 SGOD/aba/jcc

RELEASED

SEP 04 2025

RECORDS SECTION, SDO PANABO CITY
 BY



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September 01, 2025

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DepED Division of Panabo City
RECORDS SECTION

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Div. of Panabo City
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JINKY B. FIRMAN, CESO VI
Schools Division Superintendent
Panabo City Division

Dear Ms. Firman,

Greetings of Good Health!

The Department of Health (DOH) has issued Department Memorandum No. 2025-0318 Revised Guidelines on the Implementation of School-Based Immunization that aims to provide protection against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV). Since 2013, SBI has been conducted nationwide in public schools until the COVID-19 pandemic. The SBI shifted from school-based to community-based settings due to mobility restrictions and the suspension of in-person classes in schools during the peak of the COVID-19 pandemic. In 2024, with the full resumption of face-to-face classes, the program was resumed as part of broader initiatives to improve student health.

The Panabo City Health Office supports the continuous efforts, strategies, and campaigns of the Department of Health (DOH) to ensure that our children are safeguarded against preventable diseases through timely immunization. During the School-based Immunization (SBI), Grade 1 and Grade 7 school children will be vaccinated with Measles-Rubella (MR) and Tetanus-diphtheria (Td) vaccines while Grade 4 female school children will be vaccinated with Human Papillomavirus (HPV) vaccine. These vaccinations shall follow the appropriate dosages, scheduling, and intervals. The roll-out and implementation of the SBI will start on October 2, 2025 as its Kick-off date until October 31, 2025.

In line with the program mentioned above, we look forward to our partnership and collective efforts to mitigate the high risk of contracting vaccine-preventable diseases through the continuity of delivering immunization services through school-based vaccination.

Attached in this letter is the Department of Health (DOH) Department Memorandum No. 2025-0318 Revised Guidelines on the Implementation of School-Based Immunization.

For clarifications, kindly contact Ms. Adrielle Shine B. Ada, RPh Panabo City Health Office National Immunization Program Coordinator through this number 09282008560.

Thank you for your attention to this matter.

Respectfully yours,

ERANIE L. PANGILINAN, RN, MD, MMHoA
CGADH I-CHO/ Program OIC
Panabo City Health Office





Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



July 10, 2025

DEPARTMENT MEMORANDUM

No. 2025 - 0318

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT (CHD), MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), ATTACHED AGENCIES, AND OTHERS CONCERNED

SUBJECT: Revised Guidelines on the Implementation of School-based Immunization (SBI)

I. BACKGROUND

The School-based Immunization (SBI) program, implemented by the Department of Health (DOH) in collaboration with the Department of Education (DepEd), aims to protect school-aged children against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria, and human papillomavirus (HPV). Since its inception in 2013, the SBI has been conducted annually every August in public schools nationwide, until it was suspended due to the COVID-19 pandemic.

In 2024, the program was resumed as part of broader initiatives to improve student health. With the full resumption of face-to-face classes, learners are at increased risk of contracting VPDs. Therefore, sustaining the delivery of immunization services, including school-based vaccination, is critical to preventing potential public health crises and outbreaks.

This issuance provides technical guidelines to enhance the implementation of school-based immunization services.

II. GENERAL GUIDELINES

- A. All SBI services, including Measles-Rubella (MR), Tetanus-diphtheria (Td), and Human Papillomavirus (HPV) vaccination, shall resume its implementation in schools. It is recommended to be rolled out in public schools two (2) months from the start of classes or as agreed upon by DOH and DepEd.
- B. Grade 1 and Grade 7 school children shall be vaccinated with MR and Td vaccines while Grade 4 female school children shall be vaccinated with HPV vaccine. These vaccinations shall follow the appropriate dosages, scheduling and intervals.
- C. A template for informed consent (*Annex A*), including information, education, and communication (IEC) materials shall be disseminated to parents or guardians prior to the SBI roll-out.

D. Proper microplanning, coordination, and demand generation activities shall be undertaken by all local government units (LGUs) and local health workers concerned, in collaboration with other stakeholders such as the Department of Education (DepEd) and other national government agencies (NGAs), to ensure the efficiency in managing health resources and highlight the distinction of the MR-Td and HPV school-based immunization from other ongoing vaccination services.

III. SPECIFIC GUIDELINES

A. Preparatory Activities

1. Coordination and Engagement with School Administration

- a. Regional immunization coordinators shall coordinate with their respective DepEd offices to collect aggregated enrolment data, disaggregated by school name, grade level, and gender. They shall transmit the consolidated data using the template through this link: <https://tinyurl.com/VaccTrackRegionSBI> to the Disease Prevention and Control Bureau – National Immunization Program (DPCB-NIP) at least one week prior to the scheduled vaccination activities.
- b. The LGUs shall coordinate with schools to secure the masterlist of enrollees for vaccination. Schools within the LGU catchment area shall endorse the list of Grade 1, Grade 7, and female Grade 4 children enrolled for the current school year to the local health center.
- c. Local health centers shall coordinate with school principals, teachers and school nurses on the conduct of SBI activities and SBI guidelines orientation.
- d. Teachers-in-charge/school nurses shall issue notification letters and consent forms (*Annex A*). The template for notification letter and informed consent may be accessed through: <https://bit.ly/SBICconsentForm>.
- e. Local health center staff shall record the endorsed list of eligible school children in the *Recording Forms 1, 2, and 3* (*Annexes B, C, D*). The recording forms may be accessed via: <https://tinyurl.com/SBIReporting>.

2. Microplanning

- a. All LGUs, assisted by the DOH Development Management Officers (DMO) with guidance of NIP Managers, shall develop a detailed microplan of the SBI activities. Micro-plans shall include the following:
 - i. Calculation and identification of the number of children to be vaccinated per immunization session and the vaccination teams needed to prepare immunization schedules for the vaccination team including the schools to be visited;
 - ii. Calculation of the vaccines and other logistics needed including the cold chain equipment;
 - iii. Immunization session plans;
 - iv. Plan for high-risk and hard-to-reach population;
 - v. Crafting of supervisory and monitoring schedule;
 - vi. Follow-up schedule and mop-up plan;
 - vii. Human resource mapping and contingency plan;

- viii. Demand generation plan;
- ix. Disease surveillance and reporting;
- x. Adverse Events Following Immunization (AEFI) management plan; and
- xi. Waste management plan

- b. All SBI operational resource requirements shall be consolidated at the city/municipality, provincial and regional levels and shall be reviewed by the next higher administrative level.
- c. A standard microplan template which can be accessed through <https://tinyurl.com/SBIMicroplanTemplate> shall be used by all LGUs.

3. Conduct of SBI Readiness Assessment

- a. CHDs, LGUs, and schools shall accomplish the Readiness Assessment Tool (RAT) using the links provided in *Annex E*, which are also accessible via <https://tinyurl.com/SBIReporting>. Implementers are advised to conduct the RAT at least three times—at 6 weeks, 4 weeks, and 2 weeks prior to the scheduled implementation date—or more frequently as needed.
- b. Results from the RAT shall be used to evaluate their readiness and capacity to implement SBI and identify areas requiring technical assistance.

4. Demand Generation

- a. School health personnel, with support from rural health unit staff, shall engage parents and caregivers in discussions about immunization activities during Parent-Teacher Association (PTA) conferences and similar gatherings, using social listening and feedback to guide communication.
- b. Dissemination of scheduled vaccination sessions among students may be done through platforms such as flag ceremonies, lectures in health classes, student council meetings, and/or activities to raise awareness and willingness among students.
- c. LGUs and schools shall mobilize stakeholders to support demand generation activities. This can include the provision of giveaways for successfully vaccinated students, as well as incentives for health workers.
- d. Other interactive community engagement activities such as contests and kick-off/launching activities are also encouraged.

5. Setting up of Vaccination Posts

- a. Local health centers shall coordinate with the school administrators for the use of school facilities as temporary vaccination posts. The school and the LGU shall jointly determine the optimal frequency of vaccination sessions to minimize class disruption while preventing vaccine wastage through efficient session planning.
- b. LGUs shall plan the ideal client flow for immunization sessions with school administrators, teachers-in-charge, and school nurses. The layout of temporary vaccination posts must ensure adequate ventilation and sufficient space to comply with existing immunization protocols.

6. Establishment of Vaccination Teams

- a. A vaccination team shall be composed of at least three (3) trained

personnel composed of one (1) vaccinator, one (1) recorder and one (1) health counselor.

b. Vaccination teams shall be organized based on the target number of schoolchildren to be vaccinated per immunization session and shall apply the following strategies:

- i. The LGUs shall identify available human resources for deployment based on the calculated number of vaccination teams needed and identify the gap for possible HR augmentation from stakeholders/partners in order to reach the target.
- ii. Schedule vaccination sessions and deployment of vaccination teams giving priority to schools with a high number of eligible children that are close in their respective area of jurisdiction, and/or areas with cases of measles-rubella.
- iii. LGUs shall collaborate with volunteer medical groups, medical societies, and civil society organizations to augment vaccination implementation, in coordination with DepEd.

7. Orientation and Training

Pre-deployment orientation and capacity-building activities on SBI guidelines shall be conducted for all primary healthcare workers, vaccination teams, school personnel, and other stakeholders participating in this activity. Orientation shall be provided by the Provincial and City Health Offices with the assistance of the National Immunization Program coordinators of the CHD.

B. School-Based Immunization (SBI) Roll-Out

1. Conduct of Immunization Sessions

- a. Vaccination teams may request support from Barangay Local Government Units (BLGUs) for the mobilization and transportation of vaccination teams to the different school vaccination locations as scheduled.
- b. Only students from the school itself can take part in the immunization sessions held on school premises.
- c. Consenting parents/guardians of Grade 1, Grade 7, and female Grade 4 school children shall complete and submit the consent forms on/or before the scheduled SBI immunization session.
- d. The vaccinator shall conduct a quick health assessment prior to administration of MR, Td, and HPV vaccines using the recommended form (*Annex F*) to ensure that the child is well enough to be vaccinated.
- e. Antigens administered during the SBI shall be recorded as a supplemental dose in the SBI vaccination card (*Annex G*) or if available, in their routine immunization card, Mother and Child booklet.
- f. Parents and guardians shall be reminded to keep the child's immunization card as it will be used as a means of verification of the child's vaccination status.

2. MR-Td and HPV Immunization Target Population, Schedules, and Operations

- a. Local health center staff shall be in charge of checking the school children's vaccination status and consolidating informed consents for SBI.
- b. Target school children shall receive the following recommended vaccines:

Table 1. Recommended vaccines for school-based immunization.

Vaccine	Vaccination History	Vaccine Schedule	Dosage
Grade 1 Students			
MR	Irrespective	One (1) dose	0.5mL subcutaneous (SQ), Right upper arm
Td	Irrespective	One (1) dose	0.5mL intramuscular (IM), Left deltoid
Grade 7 Students			
MR	Irrespective	One (1) dose	0.5mL SQ, Right upper arm
Td	Irrespective	One (1) dose	0.5mL, IM, Left deltoid
Grade 4 Female Students			
HPV	Zero (0) dose	HPV1	0.5ml IM, left deltoid
	One (1) dose from previous year implementation	HPV2 to be administered at the community-based setting	0.5ml, IM left deltoid
	Two (2) doses	Vaccination not required	None

- c. Timing and spacing of MR, Td, or HPV vaccines with other vaccines shall follow standard immunization rules:
 - i. Inactivated vaccines such as Td and HPV can be given with other vaccines at any interval.
 - ii. Live, attenuated vaccines such as MR can be administered on the following conditions:
 1. If to be given with another live attenuated vaccine, it should be administered simultaneously or with a 28-day interval if not given simultaneously/on the same day.
 2. If to be given with an inactivated vaccine (e.g. Td), may administer any time with no interval.
 - iii. Co-administration of vaccines in one session must be done using separate syringes and different injection sites.
- d. All vaccinated students shall be recorded in *Recording Forms 1, 2 and 3*.
- e. In compliance with Healthy Learning Institutions standards, private schools who wish to participate in school-based immunization shall directly coordinate with their respective local health centers. Eligible private school children shall also be recorded in the *Recording Forms*.

- f. **End-of-cycle mop-up activities.** Mop-up activities shall be provided to those students who have not completed their recommended immunization schedule. The local health center shall inform the teacher-in-charge or school nurse of available activities. These include scheduling of additional vaccination days in school or referring students for immunization sessions to the local health center.
 - i. A mop-up activity may be scheduled for all eligible students who were initially deferred for MR, Td, or HPV immunization. Parents or caregivers of eligible students who missed the initial roll-out and catch-up activity and express willingness to get vaccinated shall be referred to the nearest implementing local health center. The student shall be accompanied by their parents and/or caregivers and shall be instructed to bring their duly accomplished consent form, provided that there are still available vaccines.

3. Supply Chain and Logistics Management

a. Vaccine Supply and Inventory Management

- i. All MR, Td, and HPV vaccines and ancillaries shall be provided by the DOH Central Office (CO).
- ii. The quantity of the vaccines and supplies to be allocated and provided to the CHDs shall be based on the consolidated number of enrolled students per region. Requested quantities will be reviewed and adjusted based on inventory reports and vaccine requirements at the level of the LGU. Quantification for vaccines and ancillaries shall be done using the microplan template (<https://tinyurl.com/SBIMicroplanTemplate>).
- iii. All provinces/cities shall adhere to their regular monthly reporting and updating of vaccine inventories (MR, Td and HPV) received and issued through the electronic logistics management information system (eLMIS).

b. Vaccine Handling and Storage

- i. MR, Td, and HPV vaccines shall be maintained at +2°C to +8°C at all times during distribution, storage, and immunization sessions.
 - 1. MR vaccines should not be exposed to over 8°C beyond one (1) hour;
 - 2. Td vaccines must never be frozen;
 - 3. HPV vaccines should be protected from light.
- ii. Vaccine vials with vaccine vial monitors (VVMs) at discard point shall properly be disposed of.
- iii. Vaccine vials and diluents must be placed in standard vaccine carriers. Standard vaccine carriers should have four (4) conditioned ice packs. Newer vaccine carriers have seven (7) conditioned ice packs.
- iv. Pre-filling of syringes of vaccines is NOT allowed.
- v. Any remaining reconstituted MR vaccine doses must be discarded after six (6) hours or at the end of the immunization session, whichever comes first. Unused reconstituted vaccine MUST NEVER be returned to the refrigerator.

- vi. Open vials of Td vaccine follow the multi-dose vial policy (MDVP). As such, these may be used in subsequent sessions (up to 28 days from opening) provided the following conditions are met:
 1. Expiry date has not passed
 2. Vaccines are stored under appropriate cold chain conditions
 3. Vaccine vial septum has not been submerged in water
 4. Aseptic technique has been used to withdraw all doses
 5. Vaccine Vial Monitor (VVM) is intact and has not reached the discard point
 6. Date is indicated when the vial was opened.
- vii. Excess, unopened vaccine vials brought during immunization sessions shall be marked with a check (✓) before returning to the refrigerator for storage. The check mark shall indicate that the vaccine vial was out of the refrigerator and shall be prioritized for use in the next immunization sessions.

C. Immunization Safety and Adverse Events Following Immunization (AEFI)

1. Special precautions must be instituted to ensure that blood-borne diseases will not be transmitted during MR, Td, and HPV immunization. This shall include:
 - a. Use of the auto-disabled syringe (ADS) in all immunization sessions
 - b. Proper disposal of used syringes and needles into the safety collector box and the safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes
 - c. Refrain from pre-filling of syringes, re-capping of needles, and use of aspirating needles, as prohibited
2. Fear of injections resulting in fainting has been commonly observed in adolescents during vaccination. Fainting is an immunization anxiety-related reaction. To reduce its occurrence, it is recommended for vaccination sites to be situated in areas not readily visible to the students. Further, the vaccinees shall be:
 - a. Advised to eat before vaccination and be provided with comfortable room temperature during the waiting period
 - b. Seated or lying down while being vaccinated
 - c. Carefully observed for approximately 15 minutes after administration of the vaccine and provided with comfortable room temperature during the observation period
3. The decision to proceed with or defer vaccination shall be based on the professional judgment of the attending health personnel. Mild upper respiratory infections are not considered contraindications to vaccination in general.
4. Adverse events following MR-Td and HPV vaccination are generally non-serious and of short duration. However:
 - a. **MR vaccine should NOT be given to a child or adolescent who:**
 - i. Has a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of the vaccine or vaccine component (e.g. neomycin)
 - ii. Has a known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus (HIV) infection who are severely immunocompromised)

- iii. Pregnant females
- b. **Td vaccine should NOT be given to** anyone who had a severe allergic reaction (eg, anaphylaxis) after a previous dose.
- c. **HPV vaccine should NOT be given to** adolescents who:
 - i. Had a severe allergic reaction after a previous vaccine dose, or to a component of the vaccine.
 - ii. Has a history of immediate hypersensitivity to yeast.
 - iii. Pregnant females. Although the vaccine has not been causally associated with adverse pregnancy outcomes or adverse events to the developing fetus, data on vaccination in pregnancy are limited.
- 5. Vaccine adverse reactions from any of the vaccines can be found in *Annex J*. Reporting of AEFI shall follow the existing DOH Guidelines in Surveillance and Response to Adverse Events Following Immunization using the form in *Department Circular No. 2023-0206* entitled *Advisory on the Implementation and Use of the Revised AEFI Case Investigation Form (CIF) Version 2023*.
- 6. All vaccination teams and sites shall have at least one (1) complete AEFI kit with first-line treatment drugs. These kits shall be replenished prior to each vaccination run.
- 7. All vaccination team members shall be trained to detect, monitor, and provide first aid for AEFI (e.g. anaphylaxis) and other health emergencies following immunization. Prompt referral to the nearest health facility must be made in such events.
- 8. Severe AEFI cases shall be immediately given first-line treatment (*Annex I*) and promptly brought to the nearest tertiary health facility.
- 9. The DOH-retained and other government hospitals shall assess and manage serious AEFI accordingly without any fee. In areas where there are no existing or accessible government hospitals/health facilities, serious AEFI cases shall be managed in private institutions and assistance shall be provided by the LGU with support from the DOH in accordance with *Administrative Order 2023-0007* entitled *Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization (AEFI)*.

D. Data Management and Monitoring

1. Recording and Reporting

- a. The vaccination teams shall utilize the SBI *Recording Forms* (*Annex B-D*) as masterlists of Grade 1, Grade 7, and female Grade 4 school children.
- b. The total number of children vaccinated per immunization session shall be consolidated using the *Summary Reporting Form* (*Annex H*) and shall be reported into VaccTrack (DM 2024-0375 entitled “*Instructions for the Implementation and Use of the Vacctrack System in Collecting Aggregate Immunization Data*.”)
 - i. Eligible children who were initially deferred for MR, Td, or HPV immunization in school and were later scheduled for vaccination at the health center shall be reported to VaccTrack under community-based immunization.
 - ii. Students from private schools shall also be included in the SBI accomplishment reports, provided that the names of the participating private schools are uploaded to VaccTrack.

- c. The procedure for submission of reports should adhere to the guidelines provided in *Annex J*.

2. Monitoring

The Disease Prevention and Control Bureau (DPCB), together with the HPB, EB, KMITS, SCMS, and other DOH bureaus and offices, shall convene meetings with the CHDs and MOH-BARMM every two weeks, or as necessary, until the end of the SBI roll-out period. These meetings shall provide regular updates, review plans, and recalibrate strategies as needed.

IV. ROLES AND RESPONSIBILITIES

A. The Disease Prevention and Control Bureau (DPCB) shall:

1. Provide technical assistance and capacity building on the conduct of school-based MR-Td-HPV vaccination, in collaboration with professional and civil societies;
2. Coordinate with the Supply Chain Management Service (SCMS) to ensure the availability of vaccines down to the Local Government Unit (LGU) level throughout the implementation of the conduct of school-based MR-Td-HPV vaccination;
3. Coordinate with the Health Promotion Bureau with regard to increasing the awareness on the conduct of school-based MR-Td-HPV vaccination; and
4. Monitor and evaluate the implementation of school-based MR-Td-HPV vaccination services and outcome indicators.

B. The Health Promotion Bureau (HPB) shall:

1. Develop social and behavior change (SBC) strategies for vaccine-preventable diseases and school based immunization (SBI);
2. Cascade SBC plan and Communication Packages to the Centers for Health Development (CHDs) and Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), partners, and stakeholders for localization and dissemination;
3. Collect data on behavioral determinants of target parents and guardians for school-based immunization;
4. Support the DepEd in monitoring the accomplishment of indicators and standards related to vaccination in the implementation of the Oplan Kalusugan sa DepEd-Healthy Learning Institutions (OKD-HLI) program, and propose recommendations as appropriate; and
5. Evaluate effectiveness of SBC strategies in promoting the conduct of school-based immunization services to guide evidence-based research and policy making.

C. The Epidemiology Bureau (EB) shall enforce the implementation of the existing DOH Guidelines:

1. Administrative Order No. 2016-2006 entitled “Adverse Events Following Immunization (AEFI) surveillance and response;” and
2. Administrative Order No. 2016-0025 entitled, guidelines on the Referral System for Adverse Events.

D. The Supply Chain Management Service (SCMS) shall be responsible for the distribution and monitoring of vaccines.

E. The Communication Office (COM) shall conduct media-facing activities to increase awareness and participation for SBI.

F. The Centers for Health Development (CHDs) and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) shall perform the following:

- 1. The National Immunization Program (NIP) shall:**
 - a. Conduct orientation for concerned stakeholders regarding the policy and promote its adoption and implementation;
 - b. Provide technical assistance and capacity building to LGUs and other partners on the conduct of MR-Td and HPV school-based immunization;
 - c. Conduct planning with the Provincial and HUCs, DepEd, and DILG counterparts in the implementation of the SBI;
 - d. Submit and analyze submitted weekly accomplishment reports by the Local Government Units through the reporting tool indicated in Section D.1.b;
 - e. Evaluate and monitor the implementation of the policy by both public and private sectors in their respective regions; and
 - f. Support the LGUs in the reproduction of recording and reporting forms, notification letter and consent forms, quick health assessment forms, immunization cards, among others, as needed.
- 2. The Health Education and Promotion Units (HEPUs) shall:**
 - a. Conduct demand generation planning with the LGUs, DepEd, and DILG counterparts in the implementation of the SBI;
 - b. Implement social and behavior change (SBC) strategies for vaccine-preventable diseases and school based immunization (SBI):
 - i. Advocate for school administrators and teachers to become champions of school-based immunization;
 - ii. Assist schools in educating, getting the consent of, and mobilizing parents to participate in school-based immunization;
 - iii. Develop and reproduce communication packages and materials to drive demand and support participation in school-based immunization;
 - iv. Harmonize other stakeholders such as the private sector, non-government or civil society organizations, development partners and religious sector to solicit support for immunization program;
 - c. Ensure intensification of health promotions regarding SBI together with routine immunization services within their area of influence; and
 - d. Support LGUs in the reproduction of materials, as needed.
- 3. The Regional Epidemiology Surveillance Units (RESUs) shall** monitor reports of AEFI and conduct vaccine safety surveillance and conduct investigations to reported cases of serious AEFI.

4. **The Cold Chain Managers and/or the Supply Chain Units shall** ensure proper cold chain management at all levels and facilitate allocation and distribution of vaccines to LGUs and monitor stock inventory for immediate replenishment, as needed.
5. **The Communication Management Units (CMUs) shall** develop crisis communication plans for AEFI and issue press releases and engage media to cover the SBI activities.

G. The Department of Education (DepEd) shall:

1. Disseminate the policy to all School Division Offices (SDOs) for coordination and planning with their respective counterpart LGUs;
2. Disseminate consent forms upon enrollment or at least two (2) weeks prior to actual implementation;
3. Conduct health education and promotion activities to parents and students to advocate for immunization in collaboration with the local health center,;
4. Provide the needed Master List of Learners (Grade 1, Grade 7, and Female Grade 4) for the year of implementation to their respective counterpart LGUs at least one (1) month prior to the actual SBI rollout; and
5. Inform DepEd personnel in SDOs that they may participate voluntarily in the conduct of fixed-site approach school-based immunization. In this regard, the school nurses may:
 - a. Screen immunization records of students for a missed dose, series of doses, or all vaccines due to the learners;
 - b. Administer vaccines to eligible students within the school premises;
 - c. Provide follow-up care and additional vaccinations if required; and
 - d. Perform the recording, data collection and validation of the number of immunized target populations during the implementation period.

H. The Local Government Units (LGUs) shall:

1. Conduct school-based MR-Td and HPV vaccination within their area of influence in accordance to the guidelines set by DOH;
2. Provide localized support or counterpart (i.e. resources, collaterals, others) for the implementation of the policy;
3. Allot funds for reproduction of SBI IEC materials and all other relevant forms for the activity;
4. Develop strategies for conduct of school-based MR-Td-HPV vaccination specific to their area of jurisdiction;
5. Perform data validation and generate reports regarding accomplishment during the implementation period;
6. Conduct regular consultation and implementation reviews among respective LGU personnel, immunization stakeholders, and other organizational partners to improve service delivery efficiency and address implementation issues/gaps; and
7. Submit timely reports to the DOH for monitoring and tracking of progress of implementation.

I. The Local Health Centers shall:

1. Conduct social and behavior change strategies to support school-based immunization;
2. Deploy trained healthcare workers to conduct immunization sessions;
3. Ensure the availability and proper storage and handling of vaccines and related supplies;
4. Screen the immunization records of students for a missed dose, series of doses, or all vaccines due to the learners;
5. Administer vaccines to eligible students within the school premises;
6. Provide follow-up care and additional vaccinations if required; and
7. Perform the recording, data collection and validation of the number of immunized target populations during the implementation period.

J. Professional medical and allied medical associations, academic institutions, non-government organizations, development partners and the private sector shall be enjoined to support the implementation of the catch-up immunization guidelines and disseminate it to the areas of their influence.

For dissemination and strict compliance.

By Authority of the Secretary of Health:


Digitally signed by
Maestral Mary Ann
Palermo
Date: 2025.07.17
10:59:54 +08'00'
MARY ANN PALERMO-MAESTRAL, MD, MBA-HA, FPPS, CHA, FPCHA
Undersecretary of Health
Public Health Services Cluster
Universal Health Care - Health Services Cluster Area II (NCR and Southern
Luzon) and Area III (Visayas)

Annex A: Notification Letter and Consent Form Template



Republika ng Pilipinas
Rehiyon _____



NOTIFICATION LETTER

DATE: _____

DIVISION: _____
SCHOOL: _____

Dear Parent/Guardian:

We wish to inform you that our school, in coordination with the Department of Health (DOH) and the Local Government Unit (LGU), will be conducting the annual Bakuna Eskwela campaign on _____. During this activity, the following vaccines will be provided free of charge:

- a. Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines for Grade 1 and Grade 7;
- b. Human papilloma Virus (HPV) vaccine for Grade 4 females.

Please accomplish the Acknowledgement and Consent Form below and submit to your child's school advisor on or before _____. For further questions / clarifications on this matter, please get in touch with the Principal / School Head.

Thank you very much.

Very truly yours,

Name of School Head / Principal

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the intended immunization services to be given to my child.

Name of the Child			Date of Birth (mm/dd/yyyy)	
Surname:	First Name:	Middle Name:	/ /	
Contact Information			Age	Sex
Contact Number:				
PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check '✓' if any condition applies to your child):</i>				
<input type="checkbox"/> My child had a history of severe allergy to measles-containing or Td vaccines.				
<input type="checkbox"/> My child has a severe illness: <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies				
<input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided with immunization services as per DOH recommendation. <input type="checkbox"/> Grade 1 (MR, Td) <input type="checkbox"/> Grade 4 (HPV) <input type="checkbox"/> Grade 7 (MR, Td)				
<input type="checkbox"/> No, I will not allow my child to receive the immunization service because _____				
<p>I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above.</p>				
Name and Signature of Parent / Guardian				

Annex B: Recording Form 1 – Masterlist of Grade 1 Students

SCHOOL-BASED IMMUNIZATION

Recording Form 1: Masterlist of Grade 1 Students

To be filled out by Local Health Center/ Vaccination Team										To be filled out by Vaccination Team																
Name (Surname, First Name, MI)			Complete Address		Date of Birth MM DD YYYY		Age		Sex		Date of MCV Received		Consent Slip		History of Allergies		Sick today? (Fever, etc)		Vaccine Given		Refusal		Reasons			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24			
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48			
49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72			
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96			
97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120			
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144			
145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168			
169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192			
193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216			
217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240			
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264			
265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288			
289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312			
313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336			
337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360			
361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384			
385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408			
409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432			
433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456			
457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480			
481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504			
505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528			
529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552			
553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576			
577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600			
601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624			
625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648			
649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672			
673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696			
697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720			
721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744			
745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768			
769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792			
793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816			
817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840			
841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864			
865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888			
889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912			
913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936			
937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960			
961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984			
985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008			

Name of School: _____ MR: _____ Td: _____ Number of Vaccine Recovered in Vials: _____

Address/ Municipality: _____ Number of Vaccine Used in Vials: _____

City/ Province: _____ Number of Vaccine Unused in Vials: _____

Name & Signature of Supervisor: _____ Name & Signature of Vaccinator 1: _____ Name & Signature of Vaccinator 2: _____

Name & Signature of Referee: _____ Name & Signature of Recorder: _____

Code: _____ Reasons: _____

1. Parent was absent/ away from home _____

2. Fear of vaccine side effect _____

3. Vaccine safety issues (danger, vaccine experience, past adverse experience, etc.) _____

4. Child already has complete routine vaccination, extra vaccine dose not necessary, parents refused _____

5. Fear of COVID transmission _____

6. Vaccine perceived to be not effective, of low quality or on near expiry _____

7. Client is a newborn and parents believed that her/his child is too young to be given vaccination _____

8. Child was already vaccinated by private MD against advised MDs, thus parents refused _____

9. Peculiar parental beliefs or misconceptions of the parents or caregivers on vaccination, Against religious beliefs _____

Reasons: _____

10. Lack of trust in the vaccine _____

11. Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused _____

12. Unaware of the campaign _____

13. Vaccine team did not visit _____

14. Child was acutely sick or not feeling well _____

15. Do not know, declined to respond _____

16. Outright refusal _____

17. Other (specify): _____

Annex C: Recording Form 2 – Masterlist of Grade 7 Students

SCHOOL-BASED IMMUNIZATION

Recording Form 2: Masterlist of Grade 7 Students

First Name: _____ Name of School: _____

Middle Name: _____ District/Municipality: _____

City/Province: _____ Date: _____

Number of Vaccines Received in 2021: _____
 Number of Vaccines Received in 2022: _____
 Number of Vaccines Used in 2021: _____
 Number of Vaccines Used in 2022: _____
 Number of Vaccines Unused in 2021: _____
 Number of Vaccines Unused in 2022: _____

To be filled out by Local Health Center/ Vaccination Team

Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of MCV Received MCV 1 MCV 2	Consent Slip Y N	History of Allergies	Sick today? (Fever, etc.)			Vaccine Given			Reasons Refusal Deferral
								Y	N	MR 1 Last Name in No.	MR 2 First Name in No.	Td Last Name in No.		
1														
2														
3														
4														
5														
6														
7														
8														
9														
0														

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

Please list that applies for the child

Code Reasons

1. Parent was absent/ away from family

2. Fear of vaccine side effect

3. Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)

4. Child already has complete routine vaccination, extra vaccine those not necessary

5. Parents refused

6. Fear of COVID transmission

7. Vaccine perceived to be ineffective or unnecessary

8. Client is a newborn and parents believed that her/his child is too young to be given vaccination

9. Child was already vaccinated by private MD against advised by private MD, thus parents/ caregivers refused

10. Peculiar personal beliefs or misconceptions of the parents or caregivers on vaccination against religious beliefs

Code Reasons

10. Lack of trust in the vaccinator

11. Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused

12. Unaware of the campaign

13. Vaccine team did not visit

14. Child was from a different area

15. Child was acutely sick or not feeling well

16. Do not know/ declined to respond

17. Outright refusal

18. Other [specify]

Annex D: Recording Form 3 – Masterlist of Grade 4 Female Students

SCHOOL-BASED IMMUNIZATION

Page No. _____	Name of School: _____	HPV: _____
State No. _____	District Municipality: _____	Number of Vaccine Received (in Virus): _____
City/Princely State: _____	Date: _____	Number of Vaccine Used (in Virus): _____
Name & Signature of Supervisor: _____		
Name & Signature of Vaccinator 1: _____		
Name & Signature of Vaccinator 2: _____		
Name & Signature of Recorder: _____		
TC DOING GOOD BY LOCAL HEALTH CENTER VACCINATION TEAM		
Name (Surname, First Name, M)		Complete Address
		Date of Birth MM/DD/YYYY
		Age
		Sex
		Date of HPV Received
		HPV 1
		HPV 2
		Consent Slip
		Y
		N
		History of Allergies
		Y
		N
		Sick today? (Fever, etc)
		Y
		N
		Vaccine Given
		HPV 1
		HPV 2
		Anti-Biotic Off. No.
		Refusal
		Reasons
REASONS FOR BEING UNVACCINATED (Select all that apply for the (H))		
Code Reasons Reasons		
1 Parent was absent/away from home		
2 Fear of vaccine side effect		
3 Vaccine safety issues (dangerous experience, past adverse experience, etc.)		
4 Child already has complete routine vaccination, extra vaccine dose not necessary.		
5 Fear of COVID transmission		
6 Vaccine perceived to be not effective of low-quality or on near-expiry		
7 Client is a newborn and parents believed that her/his child is too young to be given vaccination		
8 Child was already vaccinated by private MD, against advised by private MD, thus parent/caregiver refused		
9 Peculiar personal beliefs or misconceptions of the parents or care-giver, vaccination against religious beliefs		

Annex E. Quick Links to Readiness Assessment Tool (RAT)

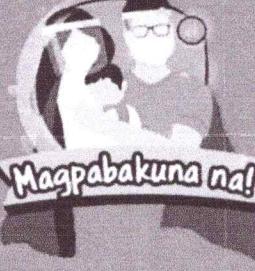
Levels of Implementation	Link to RAT
Regional	https://web.inform.unicef.org/x/berB3DWF
Provincial	https://web.inform.unicef.org/x/o3oIbAda
City/Municipality	https://web.inform.unicef.org/x/SjL2OqE5
School	https://web.inform.unicef.org/x/KSPtSCPs
Feedback	https://web.inform.unicef.org/x/cpzTk4xk

Annex F. Quick Health Assessment for School-based Immunization

QUICK HEALTH ASSESSMENT FOR SCHOOL-BASED IMMUNIZATION
(MR, TD, and HPV Vaccination)

Name of the Child			Date of Birth (mm/dd/yyyy)	
Surname:	First Name:	Middle Name:		
Contact Information			Age	Sex
Contact Number:	Name of Barangay (School):			
School:				
QUICK HEALTH ASSESSMENT <i>Mark all appropriate spaces/boxes with a check (✓)</i>				
Questions	Yes	No	Decision	Remarks
1. Does the child have fever ($\geq 37.6^{\circ}\text{C}$)?			If Yes, DEFER vaccination; refer for medical management; and set a define date for the vaccination	Temp: _____
2. Date of last menstruation, if applicable: _____			If pregnant or suspected to be, DO NOT GIVE MR HPV Vaccine	
Note: <ul style="list-style-type: none"> Malnutrition, low-grade fever, mild respiratory infections, diarrhea and other minor illnesses should not be considered as contraindications. 				
Immunization Card Mother Baby Book available?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessed by:				
<i>Signature over printed name of the health worker/screener</i>				
Date (mm dd yyyy):				

Annex G. School-Based Immunization Card Template

  Sa Bagong Pilipinas, Bawat Buhay Mahalaga		 Magpabakuna na!	
Vaccination Card for School-age Children			
Child's Name: _____			
Date of Birth: _____			
Vaccine Type	(Vaccination given) Date		
MR (Measles-Rubella)	_____	_____	_____
TD (Tetanus-Diphtheria)	_____	_____	_____
HPV* (Human Papilloma Virus)	_____	_____	_____
Others:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Keep this card for future reference **For applicable areas only*

Annex H. Summary Reporting Form

School-Based Immunization

DAILY SUMMARY REPORTING Form: RHU Consolidated Accomplishment Form Report

Region: _____

Date: _____

Province/City: _____

Municipal/City: _____

Guida 1

10

Number of Vaccine Received (in vials). _____
Number of Vaccine Used (in vials). _____
Number of Vaccine Unused (in vials). _____

16

Number of Vaccine Received (in vials): _____
Number of Vaccine Used (in vials): _____
Number of Vaccine Unused (in vials): _____

Estado 1

112

Number of Vaccine Received (in visits): _____
Number of Vaccine Used (in visits): _____
Number of Vaccine Unused (in visits): _____

14

Number of Vaccine Received (in vials): _____
Number of Vaccine Used (in vials): _____
Number of Vaccine Unused (in vials): _____

Grade 4 Females

Number of Vaccine Received (in vials): _____
Number of Vaccine Used (in vials): _____
Number of Vaccine Unused (in vials): _____

REASONS FOR BEING UNVACCINATED

first at that apply for the hi-

Date	Reason
1	Parent was absent/away from home
2	Fear of vaccine side effects
3	Vaccine safety issues (foreign vaccine ingredients, past adverse experience, etc.)
4	Child already has complete routine vaccination, extra vaccine dose not necessary, parents refused
5	Fear of COVID transmission
6	Vaccine perceived to be not effective, or low quality, or low standards
7	Client is a nonminor and parents believed that her/his child is too young to be given vaccination
8	Child was already vaccinated by private MD, against advised by private MDs, thus parents longer refused
9	Refused personal beliefs or misconceptions of the parents or caregivers
10	Lack of trust in the vaccinator
11	Child just recovered from illness or just discharged from hospital, the parent/caregiver refused
12	Unknowns of the campaign
13	Vaccine from did not work
14	Child was from a different area
15	Child was healthy or not feeling well
16	Do not know, declined to respond
17	Outright refuse
18	Other (specify) _____

Annex I: List of Immediately Notifiable AEFIs and First-line Management

Adverse event	Case definition	First-line Treatment	Vaccine
Anaphylactoid reaction (acute hypersensitivity reaction)	<p>Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterized by one or more of the following:</p> <ul style="list-style-type: none"> • Wheezing and shortness of breath due to bronchospasm • One or more skin manifestations, e.g. hives, facial oedema, or generalized oedema. Less severe allergic reactions do not need to be reported. • Laryngospasm/laryngeal oedema <p>Notifiable if the onset is within 24 to 48 hours after immunization</p>	Self-limiting; antihistamines may be helpful.	All
Anaphylaxis	<p>Severe immediate (within 1 hour) allergic reaction leading to circulatory failure with or without bronchospasm and/or laryngospasm/laryngeal oedema.</p> <p>Notifiable if the onset is within 24 to 48 hours after immunization</p>	Epinephrine 1:1,000 formulation <ul style="list-style-type: none"> • Less than 2 years 0.0625 ml (1/16) • 2-5 years 0.125 ml (1/8) • 6-11 years 0.25 ml (1/4) • Over 11 years 0.5 ml (1/2) 	All
Arthralgia	<p>Joint pain usually includes the small peripheral joints. Persistent if lasting longer than 10 days, transient: if lasting up to 10 days</p> <p>Notifiable if the onset is within 1 month after immunization</p>	Self-limiting; analgesics	Rubella, MMR
Brachial neuritis	<p>Dysfunction of nerves supplying the arm/shoulder without other involvement of the nervous system. A deep steady, often severe aching pain in the shoulder and upper arm followed in days or weakness by weakness and wasting in arm/shoulder muscles. Sensory loss may be present, but is less prominent. May present on the same or the opposite side to the injection and sometimes affects both arms.</p> <p>Notifiable if the onset is within 3 months after immunization</p>	Symptomatic only; analgesics	Tetanus
Encephalopathy	Acute onset of major illness characterized by any two of the following three conditions: seizures, severe alteration in level of consciousness lasting for one day or more distinct change in behavior lasting one day or more. Needs to	No specific treatment available; supportive care.	Measles-containing, Pertussis-containing

	occur within 48 hours of DTP vaccine or from 7 to 12 days after measles or MMR vaccine, to be related to immunization.		
Injection site abscess	Fluctuant or draining fluid filled lesion at the site of injection. Bacterial if evidence of infection (e.g. purulent, inflammatory signs, fever, culture), sterile abscess if not. Notifiable if the onset is within 7 days after immunization	Symptomatic; paracetamol	All
Seizures	Occurrence of generalized convulsions that are not accompanied by focal neurological signs or symptoms. Febrile seizures : if temperature elevated $>38^{\circ}\text{C}$ (rectal) Afebrile seizures : if temperature normal Notifiable if the onset is within 14 days after immunization	Self-limiting; supportive care; paracetamol and cooling if febrile; rarely anticonvulsants	All, especially DTP, MMR Measles
Sepsis	Acute onset of severe generalized illness due to bacterial infection and confirmed (if possible) by positive blood culture. Needs to be reported as a possible indicator of program error. Notifiable if the onset is within 7 days after immunization	Critical to recognize and treat it early. Urgent transfer to hospital for parenteral antibiotics and fluids.	All
Severe local reaction	Redness and/or swelling centered at the site of injection and one or more of the following: <ul style="list-style-type: none"> • Swelling beyond the nearest joint • Pain, redness, and swelling of more than 3 days duration • Requires hospitalization. Notifiable if the onset is within 7 days after immunization. Local reactions of lesser intensity occur commonly and are trivial and do not need to be reported.	Settles spontaneously within a few days to a week. Symptomatic treatment with analgesics. Antibiotics are inappropriate	All
Thrombocytopenia	Serum platelet count of less than 150,000/ml leading to bruising and/or bleeding Notifiable if the onset is within 3 months after immunization	Usually mild and self-limiting; occasionally may need steroid or platelets	MMR
Toxic shock syndrome (TSS)	Abrupt onset of fever, vomiting and watery diarrhea within a few hours of immunization. Often leading to death within 24 to 48 hours. Needs to be reported as a possible indicator of program error. Notifiable if the onset is within 24 to	Critical to recognize and treat early. Urgent transfer to hospital for parenteral antibiotics and fluids.	All

	48 hours after immunization	
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*Brighton collaboration has developed case definitions for many vaccine reactions and is available at: www.brightoncollaboration.org

References: *Manual of Procedures for Surveillance and Response to AEFI*, 2014

AO 2023-0007: Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization
Immunization Safety Surveillance. WHO Guidelines for managers of immunization programmes on reporting and investigating adverse events following immunization

Annex J: Flow and Submission of Reports

Levels of Implementation	Type of report	Responsible Person	To be Submitted to	Schedule of Report
School	Recording Form 1: Masterlist of Grade 1 Students	Local Health Center/Vaccination Team	RHU	Daily
	Recording Form 2: Masterlist of Grade 4 Students			
	Recording Form 3: Masterlist of Grade 4 Students			
RHU	Consolidated accomplishment report by Schools per Municipalities	RHU Midwife	PHO/CHO	Weekly
PHO/CHO	Analysis report of municipalities	Provincial/City NIP Coordinator	RHO	Weekly
RHO	Bulletin report of prov/city	Regional NIP Coordinator	CO-NIP	Weekly
CO	Bulletin report of CHDs	DPCB NIP	PHSC U	Weekly