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DEPARTMENT OF EDUCATION
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CTRL No.: 2026-11-575

**TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD IRIGA**

*Office of the Schools Division Superintendent*

November 9, 2026

DIVISION MEMORANDUM
No. 575, s. 2026

**SCHOOL-BASED IMMUNIZATION PROGRAM CY 2026**

To: Asst. Schools Division Superintendent
Chief SGOD and CID
All Public Elementary School Heads
SGOD - School Health and Section
All Others Concerned

1. In reference to **Regional Memorandum No. 01346, s. 2026**, dated September 23, 2026, entitled ***2026 School-Based Immunization (SBI) Implementation***, the Schools Division of Iriga City reiterates the implementation of the School-Based Immunization Program in partnership with the Department of Health (DOH) and other concerned stakeholders. The program aims to reduce the prevalence of vaccine-preventable diseases among school-age children and promote the health and well-being of learners.

2. The 2026 School-Based Immunization Program shall be implemented from **October 1 to November 30, 2026**, with possible extension to the succeeding months as deemed necessary. The program shall provide the following vaccines to eligible learners and disseminate and collect parental consent before the administration of vaccines. To wit:

a) **Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines** for Grades 1 and Grade 7 learners; and

b) **Human Papillomavirus (HPV) vaccine** for Grade 4 female learners and Grade 5 female learners who were not vaccinated in 2025.

3. All school heads/school personnel-in-charge shall disseminate notification letter and provide the parents of the consent forms (Annex A). The template for notification letter and parent consent letter can be accessed at ***https://bit.ly/SBIConsentForm.***

4. All school heads are reminded to ensure that the implementation of the program is properly coordinated with the City Health Office. To ensure strategic and compliant implementation, the following must be observed:

a) No Interruption of Regular School Operations: All scheduled health promotions, and vaccinations must be planned and executed without causing any disruptions to regular school operations, academic timelines, or official instructional hours.

b) Coordination and Schedule Management: The implementation teams must coordinate directly with our designated school health personnel to implement structured batching, proper time slots, and efficient logistical traffic.
c) Adherence to Safety and Privacy Protocols: All activities must strictly conform to existing campus security measures and data privacy regulations regarding student and personnel health records.

5. Enclosed are the *Regional Memorandum No. 01346, s. 2026, dated September 23, 2026, entitled 2026 School-Based Immunization (SBI) Implementation* and *Department of Health Memorandum; Technical Guidelines on the Implementation of School-Based Immunization for School Year (SY) 2026-2027* dated July 16, 2026, and *Department of Health Memorandum No. 2025-0318; Revised Guidelines on the Implementation of School-Based Immunization* dated July 10, 2025.

6. For further information and inquiries, concerned personnel may coordinate with the Schools Division Office through the School Health and Nutrition Section. They may also refer to the Regional Memorandum for additional guidance.

7. Immediate dissemination of and strict compliance with this Memorandum are hereby directed.

**MARIA-MAGNOLIA F. BRIOSO, CESO VI**
OIC-Schools Division Superintendent

Annex A

Republika ng Pilipinas
Rehiyon____

BAGONG PILIPINAS

**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:

- **Measles-Rubella (MR) and Tetanus–Diphtheria (Td) vaccines for Grade 1 and Grade 7;**
- **Human Papillomavirus (HPV) vaccine for Grade 4 or Grade 5 females***
  (***no history of previous HPV vaccination***)

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

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**ACKNOWLEDGEMENT AND CONSENT**

I have read and understood the information regarding the intended immunization services.

| **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)**

*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):*

- My child has a history of severe allergy after measles-containing or Td vaccination (e.g., difficulty breathing, swelling of face, etc.)
- My child has any of the following conditions:
  - Primary immunodeficiency disease (i.e., HIV, organ transplant, etc.)
  - Taking medicines that weaken the immune system (i.e., chemotherapy, high-dose steroids, etc.)
  - Leukemia or other forms of cancer
  - Other medical conditions or concerns: _____
- My child has **none of the above** conditions

**CONSENT FOR IMMUNIZATION**

***(Please check in the box provided)***

- Yes, I will allow my child to be provided with immunization services as per DOH recommendation and consent to the Health Assessment prior to the vaccination session.
  - Grade 1 (MR, Td) ☐ Grade 4 or Grade 5 (HPV) ☐ Grade 7 (MR, Td)
- No, I will not allow my child to receive the immunization service because _____. I understand that choosing not to vaccinate my child may increase his/her risk of contracting vaccine-preventable diseases.

I acknowledge that I have read and understood the information provided above. I understand that my child will be assessed by the authorized health workers before vaccination.

_____
Name and Signature of Parent / Guardian

Republika ng Pilipinas
Rehiyon____

**LIHAM NG PAUNAWA**

**PETSA:** _____

**DIBISYON:** _____
**PAARALAN:** _____

Mahal na Magulang/Tagapatnubay,

Ipinababatid ng paaralang ito na isasagawa ang programang **Bakuna Eskwela** sa pakikipag-ugnayan sa Kagawaran ng Kalusugan (DOH) at sa Lokal na Pamahalaan (LGU). Layunin ng programang ito na magbigay ng mga sumusunod na bakuna:

- ☐ **Measles-Rubella (MR) and Tetanus–Diphtheria (Td) vaccines para sa mga Grade 1 at Grade 7;**
- ☐ **Human Papillomavirus (HPV) vaccine para sa mga babaeng Grade 4 o Grade 5 na hindi pa nabakunahan**

Pakisagutan ang *Acknowledgement at Consent Form* at ipasa ito sa *school advisor* ng estudyante bago ang _____.
*(petsa)*

Para sa mga karagdagang tanong / kailangang linawin ukol dito, mangyaring makipag-ugnayan sa Punong-guro / Pinuno ng Paaralan. Maraming salamat po.

Taos-pusong sumasainyo,

_____
(Lagda at Pangalan ng Punong-guro/ Pinuno ng Paaralan)

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**PAGBIBIGAY NG PAHINTULOT**

Ito ay pagpapatunay na nabasa at naunawaan ko ang impormasyon tungkol sa mga serbisyong pangkalusugan na nakalaang ibigay sa aking anak.

| **Pangalan ng Bata** | | | **Araw ng Kapanganakan (mm/dd/yyyy)** | |
|---|---|---|---|---|
| Apelyido: | Unang Pangalan: | Gitnang Pangalan: | / / | |
| **Impormasyon sa Pakikipag-ugnayan** | | | **Edad** | **Kasarian** |
| Contact Number: | Pangalan ng Paaralan: | | | |

***PRE-VACCINATION CHECKLIST* (Para sa magulang / tagapag-alaga na kumpletuhin)**

*Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humingi ng sertipikasyon galing sa inyong doktor kung ito ay may ang anumang sumusunod na kalagayan (mangyaring lagyan ng tsek (√) ang anumang kondisyon na mayroon ang bata):*

- ☐ Ang aking anak ay may kasaysayan ng matinding *allergy* sa matapos tumanggap ng bakuna **laban sa tigdas** o **bakunang Td**, gaya ng hirap sa paghinga o pamamaga ng mukha.
- ☐ Ang aking anak ay may isa sa mga sumusunod na kondisyon:
  - ☐ Kondisyong nagpapahina sa resistensiya *(sakit sa immune system, HIV, o sumailalim sa organ transplant)*
  - ☐ Kasalukuyang tumatanggap ng gamot na nagpapahina sa resistensiya (gaya ng chemotherapy, high-dose steroid, at iba pa)
  - ☐ *Leukemia* o iba pang uri ng kanser
  - ☐ Iba pang kondisyon medikal: _____
- ☐ Wala, **ang aking anak ay malusog**.

**PAHINTULOT SA PAGBABAKUNA**

***(Pakilagyan ng ✔ ang kahon)***

- ☐ Oo, pumapayag akong mabakunahan ang aking anak ayon sa rekomendasyon ng DOH at pagsasagawa ng Health Assessment bago siya bakunahan.
  - ☐ Grade 1 (MR, Td) ☐ Grade 4 o Grade 5 (HPV) ☐ Grade 7 (MR, Td)
- ☐ Hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil: _____. Nauunawaan ko na na dahil hindi mababakunahan ang aking anak ay maaari siyang magkaroon ng mas mataas na panganib na magkasakit ng mga sakit na naiiwasan sa pamamagitan ng bakuna.

Nauunawaan ko ang mga impormasyong nakasaad sa itaas. Nauunawaan kong susuriin ang aking anak ng mga awtorisadong health worker ang aking anak bago ang pagbabakuna.

_____
Pangalan at Lagda ng Magulang/Tagapag-alaga

Republic of the Philippines
Department of Education
REGION V - BICOL

Department of Education
Records Section, Regional Office No. V
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By: Date: OCT 08 2026

23 September 2026

REGIONAL MEMORANDUM
No. 01346 s. 2026

2026 SCHOOL-BASED IMMUNIZATION (SBI) IMPLEMENTATION

To : Schools Division Superintendents
All Others Concerned

1. In reference, with DepEd Memorandum No. 128, s. 2016, the Department of Health and (DOH) in partnership with the department of education (DepEd), has been implementing the School Based-Immunization Program, whose aim is to address the need to reduce the prevalence of vaccine preventable diseases among school -age children.

2. As partner agency and member of the Bicol Regional Immunization Council (BRIC), DepEd remains committed in promoting the health and welfare of Bicolano learners and shall collaborate with relevant stakeholders in the implementation of the School-Based Immunization (SBI) Program from October 1- November 30 , 2026 and may be extended to the succeeding months, as deemed necessary, to ensure wider coverage , increase immunization uptake and effectively safeguard the health and well-being of eligible learners.

3. The program shall provide Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines for Grade 1 and Grade 7 learners, and Human Papilloma Virus (HPV) vaccine for Grade 4 female learners and Grade 5 female learners who were not vaccinated last 2025.

4. To ensure the effective and seamless implementation of the program, schools and concerned personnel shall perform the following duties and responsibilities:

**A. SCHOOL**

a. Provide list of schedules to local health authority or vaccination team for school-based immunization with observation of no disruption of classes. Strategies may be adopted such as pull-out systems could be individual or by pair or maximizing the window time, such as but limited to after class hours, may be utilized.
b. Secure signed parental consent and provide accurate master lists of learners in Grades 1, 4 (female), 5 (unvaccinated female of HPV Vaccine) and 7 to the assigned vaccinators at least 7 days prior to school immunization activity to ensure accurate numbers of vaccines to be prepared and brought to the school.
c. Engage Parents Teachers Associations (PTA) to secure parental support and address vaccine hesitancy.

Address: Regional Center Site, Rawis, Legazpi City, 4500
Telephone Nos.: 0969 516 9555
Email Address: region5@deped.gov.ph
Website: https://region5.deped.gov.ph/

d. Ensure to have safe, systematic, and learners' friendly venues for immunization activities within the school.
e. Collaborate closely with Rural and Barangay Health Workers/Units/Local Health Authority to ensure smooth coordination and successful implementation.
f. School heads/Teacher-in -Charge or School Health Personnel shall disseminate and collect the consent form prior to administration of vaccine.
g. Teaching and Non-Teaching Personnel are requested to support this initiative by encouraging parents and/or guardians to avail these SBI services.

**B. SCHOOL HEALTH PERSONNEL**

a. Work closely through series of coordination meetings with respective local health authorities to ensure smooth coordination and successful implementation.
b. Give technical assistance to schools in implementation SBI, such as but not limited to resource speakership for advocacy campaigns,
c. Monitor and follow-up the school for the schedule of School-Based Immunization.
d. School Health Personnel may participate during the conduct of SBI 2026 especially in School Based Immunization Advocacy campaign and Health Education without compromising the Oplan Kalusugan sa DepEd Programs and Learners' Health Assessment and Screening.

5. For more information and inquiries, contact Dr. Israel F. Parra, Medical Officer IV at hns.rov@deped.gov.ph

6. For dissemination and compliance.

**GILBERT A. SADSAD**
Regional Director

ESSD-HNS/dokish
09/23/2026

Republic of the Philippines
**DEPARTMENT OF HEALTH**
*Office of the Secretary*

BAGONG PILIPINAS

July 16, 2026

**MEMORANDUM**

**TO:** **ALL REGIONAL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD) AND MINISTRY OF THE BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM)**

**FROM** : **MARY ANN PALERMO-MAESTRAL, MD, MBA-HA, FPPS, CHA, FPCHA, DPA**
Undersecretary of Health

**SUBJECT:** **Technical Guidance on the Implementation of School-based Immunization for School Year (SY) 2026 - 2027**

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This Memorandum provides the technical guidance for the implementation of the School-Based Immunization (SBI) Program for School Year (SY) 2026–2027. All Centers for Health Development (CHDs) and the Ministry of Health–Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) shall observe the following operational guidelines for Calendar Year (CY) 2026:

## 1. HUMAN PAPILLOMAVIRUS (HPV) VACCINE ROLL-OUT

The CY 2025 coverage for the first dose of the Human Papillomavirus (HPV) vaccine reached only 33% (approximately 229,000 female learners), based on the National Immunization Program (NIP) Vacctrack database, primarily due to vaccine supply constraints during SY 2025–2026. To sustain progress toward achieving the 2030 Cervical Cancer Elimination Framework, the target population for HPV vaccination is hereby expanded.

Accordingly, in addition to the routine Grade 4 female target population, **all eligible Grade 5 female students who have not yet received an HPV vaccine shall receive one (1) dose of the HPV vaccine during the CY 2026 SBI implementation.**

The updated consent forms, recording tools, and reporting templates are available through the links provided in the latest SBI guidelines.

## 2. IMPLEMENTATION SCHEDULE AND ARRANGEMENTS

In consideration of the Department of Education's (DepEd) transition to a three-term school year beginning SY 2026–2027 and the scheduled implementation of the Measles-Rubella Supplemental Immunization Activity (MR-SIA) Phase III in Luzon and Visayas from **10 to 28 August 2026**, the implementation schedule for the CY 2026 School-Based Immunization (SBI) Program shall be adjusted accordingly. Furthermore, vaccination sessions shall be conducted **individually, in pairs,** or

**in small groups** to minimize disruption to classroom instruction, consistent with DepEd's draft School Health Services Guidelines.

Accordingly, all CHDs and MOH-BARMM are hereby directed to observe the following:

1. **SBI implementation will commence by October 2026.** However, implementation shall not be limited to a one (1)-month period and may be extended until December 2026 as necessary, based on regional operational requirements and coordination with participating schools.

   **The National Capital Region (NCR) and all Mindanao regions** may commence SBI implementation **earlier than October 2026**, provided that prior coordination has been undertaken with the concerned DepEd School Division Offices (SDOs) and participating schools to ensure alignment of vaccination schedules with school activities.

2. **Reporting of Accomplishments.** Submit all CY 2026 SBI accomplishment reports through the following reporting platforms:

| Reporting Platform | Link | Reports for Submission |
|---|---|---|
| VaccTrack | https://vacctrack.doh.gov.ph/ | Grade 1<br>• MR<br>• Td<br>Grade 4 females - HPV1<br>HPV 2 - CBI<br>Grade 7<br>• MR<br>• Td |
| Google reporting platform | https://bit.ly/SBI-Gr5Reporting | HPV 1 Grade 5 |

3. **Reporting Timeline**. All implementing LGUs and participating schools shall submit monthly accomplishments every **1st Monday of the following month**. Final report shall be submitted on or before 31 December 2026. CHDs and MOH-BARMM shall ensure the timely submission of complete reports within the prescribed reporting period.

## 3. GENERAL PROVISIONS

All other provisions pertaining to the planning and implementation of the School-Based Immunization Program shall remain in accordance with **Department Memorandum No. 2025-0318**.

CHDs shall coordinate the scheduling and implementation of SBI activities with their respective DepEd Regional Offices and School Division Offices, taking into consideration local government unit (LGU) readiness and regional implementation plans. Additional guidance shall be issued upon the release of the Department of Education's official Department Memorandum on the implementation of School Health Services for SY 2026–2027.

For clarifications, please contact Dr. Carmina Paz Vera or Ms. Bea Rose Gonzales through nip@doh.gov.ph (cc: chdd@doh.gov.ph) or via the DOH trunkline at (02) 8651-7800 local 2359 or 1728.

For your information and appropriate action.

Thank you.

cc: **GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III**
Undersecretary of Health
ExeCom in Charge, Luzon

**GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA**
Undersecretary of Health
ExeCom in Charge, Mindanao

Republic of the Philippines
**DEPARTMENT OF HEALTH**
*Office of the Secretary*

BAGONG PILIPINAS

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/SBIConsentForm.
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
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