Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
SCHOOLS DIVISION OF BATANGAS

18 Aug 2025

DIVISION MEMORANDUM
No. 450, s. 2025

REVISED GUIDELINES ON THE IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION (SBI)

To: Assistant Schools Division Superintendent
Chief - Curriculum Implementation Division (CID)
Chief - School Governance Operations Division
Education Program Specialists
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. With reference to the Department of Health DM no. 2025-0318 titled "*Revised Guidelines on the Implementation of School-Based Immunization (SBI)* ", this Office disseminates this policy for the information and guidance of all concerned. (See attachment)

2. With the collaboration of DOH and DepEd, the SBI program aims to protect school-aged children against vaccine-preventable diseases like measles, rubella, tetanus, diphtheria and human papillomavirus.

3. 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.

4. 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

5. Schools shall provide the needed masterlist of Learners from Grade 1, Grade 7, and Female Grade 4 enrolled for the current school year to their respective counterpart RHU's. This may be ingress via https://tinyurl.com/SBIReporting.

6. Consent signed by the parent or guardian must be secured prior to the conduct of the activity. Teachers-in-charge/clinic-in-charge shall disseminate notification letters and consent forms which may be accessed through this link https://bit.ly/SBIConsentForm. Return of the accomplished consent form is 100% required.

7. School officials are enjoined to provide full support in the conduct of the activity. School health personnel are expected to closely coordinate with their respective RHU in the conduct of the vaccination activities.

Address: Provincial Sports Complex, Bolbok, 4200 Batangas City
Telephone:(043)722-1840 / 722-1796
Email Address: deped.batangas@deped.gov.ph
Website:www.depedbatangas.com

8. For the IEC on Health Education Campaign and Promotion of this program, you can visit this loop http://bit.ly/2025SBICampaignMaterials.

9. For concerns, clarifications and further information, you may contact **Dr. KHAREEN M. CADANO**, Medical Officer III, **Mr, RANDY D. MALABANAN,** Nurse II, and **Mrs. PRINCESS LENETTE P. ESPINA**, Nurse II, MAN - SBI coordinators through email at sdobatangas.health@deped.gov.ph

10. Immediate dissemination of this memorandum is desired.

MARITES A. IBAÑEZ, CESO V
Schools Division Superintendent

Encl: As Stated
Reference: DOH DM no. 2025-0318

To be indicated in the Perpetual Index under the following subject:
Issuances: Division Memorandum

SHN, DM-2025 REVISED GUIDELINES ON THE IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION (SBI), S2-111069, 18082025

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 Vaccitrack 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. **Humanpapilloma 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)

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 had a history of severe allergy to measles-containing or Td vaccines.
- ☐ My child has a severe illness:
  - ☐ Primary immune – deficiency disease
  - ☐ Suppressed immune response from medications
  - ☐ Leukemia
  - ☐ Lymphoma
  - ☐ Other generalized malignancies
- ☐ None, my child is relatively healthy

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.
  - ☐ Grade 1 (MR, Td) ☐ Grade 4 (HPV) ☐ Grade 7 (MR, Td)
- ☐ No, I will not allow my child to receive the immunization service because _____

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.

_____
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

[illegible] ______ [illegible] ______ [illegible] ______

[illegible] ______ [illegible] ______

[illegible] ______ [illegible] ______

[illegible] ______ [illegible] ______

	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						Deferral	Refusal	Reasons
						MCV 1	MCV 2	Y	N		Y	N	MR1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.			

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

[illegible]

Code Reasons

1 [illegible]

2 Fear of vaccine side effect

3 [illegible]

4 [illegible]

5 Fear of COVID transmission

6 [illegible]

7 Client is a newborn and parents believe that her/his child is too young to be [illegible]

8 Child was already vaccinated by private MD [illegible] against advised by private MDs thus [illegible] refused

9 [illegible] personal beliefs or misconceptions of the parents or caregiver on [illegible]

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 a from [illegible]

15 Child was acutely sick or not feeling well

16 Do not know/ declined to respond

17 Outright refusal

18 Others (specify) ______

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

SCHOOL-BASED IMMUNIZATION

Recording Form 2: Masterlist of Grade 7 Students

[illegible] ______________ [illegible] ______________ [illegible] ____

[illegible] ______________ [illegible] ______

[illegible] ______________ [illegible] ______________

[illegible]
[illegible] ____
[illegible] ____
[illegible] ____

[illegible]
[illegible] ____
[illegible] ____
[illegible] ____

[illegible]						[illegible]															
	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**						**Deferral**	**Refusal**	**Reasons**
						MCV 1	**MCV 2**	**Y**	**N**		**Y**	**N**	**MR1**	[illegible]	**MR 2**	[illegible]	**Td**	[illegible]			

_____________________ Name & Signature of Supervisor

_____________________ Name & Signature of Vaccinator 1

_____________________ Name & Signature of Vaccinator 2

_____________________ Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

([illegible])

Code Reasons

1 Parent [illegible] away from home
2 Fear of vaccine side effect
3 Vaccine safety [illegible] experience, past adverse experience, etc.)
4 Child already has complete routine vaccination, extra vaccine dose not necessary [illegible]
5 Fear of COVID transmission
6 Vaccine [illegible]
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 MDs, thus parent/caregiver refused
9 [illegible] 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 [illegible] from a different area
15 Child was acutely sick or not feeling well
16 Do not know/ [illegible] to respond
17 Outright refusal
18 Other (specify) ______________

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

SCHOOL-BASED IMMUNIZATION

Recording Form 3: Masterlist of Grade 4 Female Students

	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM-DD-YYYY	Age	Sex	Date of HPV Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Refusal	Reasons
						HPV 1	HPV 2	Y	N		Y	N	HPV 1	[illegible]	HPV 2	[illegible]			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Name & Signature of Supervisor | Name & Signature of Vaccinator 1 | Name & Signature of Vaccinator 2 | Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code	Reasons
1	Parent was [illegible] from home
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 dose not necessary
5	Fear of COVID transmission
6	Vaccine perceived to be not effective, of low quality or unnecessary
7	Parent is unaware and parents believed that child is too young to be given vaccination
8	Child was already vaccinated by private MD; against interest by private MDs, thus parents/caregiver refused
9	Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination; Against religious beliefs
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 a from a different area
15	Child was unduly scared or not feeling well
16	Did not know/did not to respond
17	Outright refusal
18	Other (specify)

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/o3olbAda
City/Municipality	https://web.inform.unicef.org/x/SjL2OqE5
School	https://web.inform.unicef.org/x/KSPtSCPs
Feedback	https://web.inform.unicef.org/x/epzTk4xk

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
Mark all appropriate spaces/boxes with a check (√)

Questions	**Yes**	**No**	**Decision**	**Remarks**
1. Does the child have fever (≥37.6°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:
- *Malnutrition, low-grade fever, mild respiratory infections, diarrhea and other minor illnesses should not be considered as contraindications.*

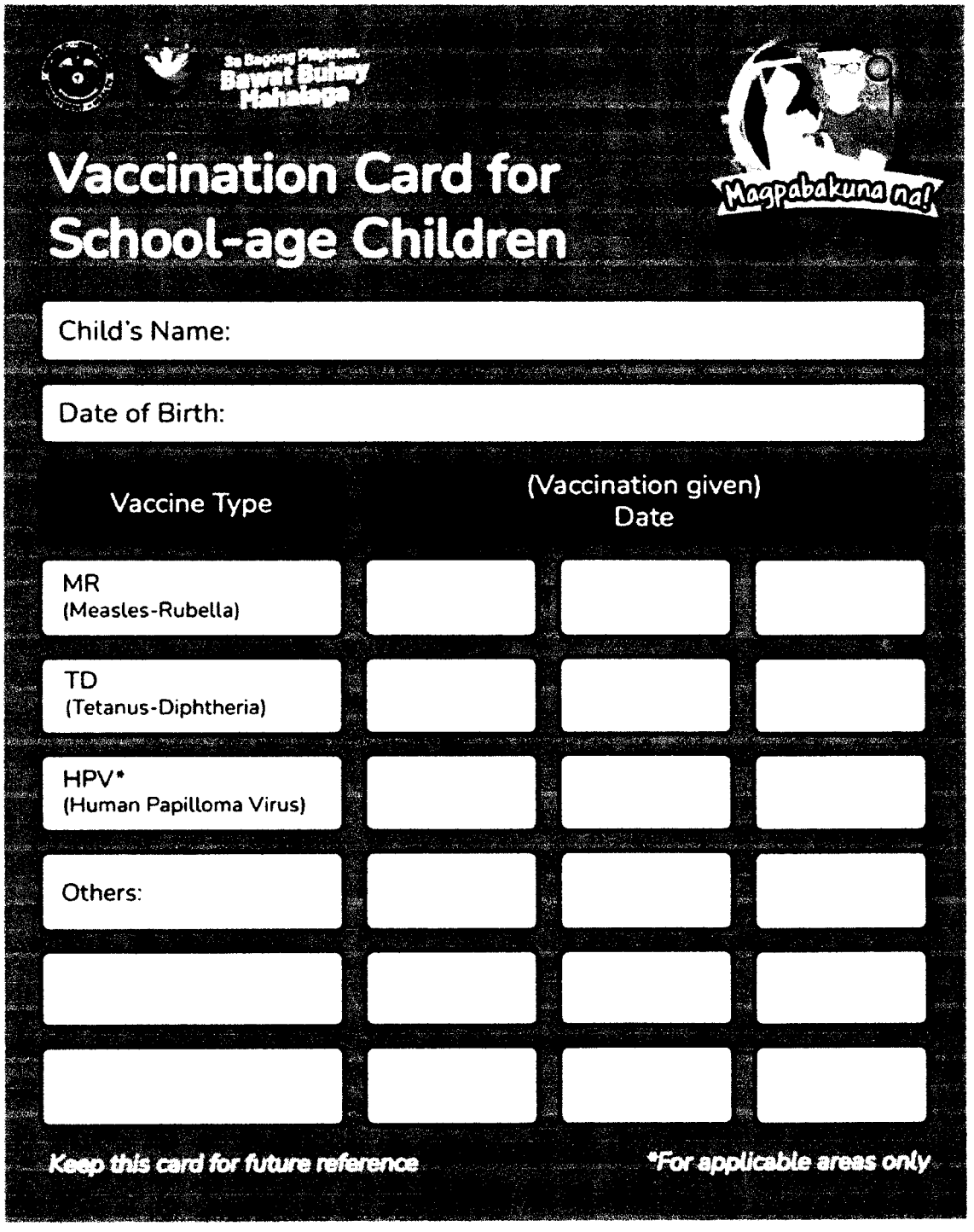
Immunization Card Mother Baby Book available? ☐ Yes ☐ No

Assessed by:

_____
Signature over printed name of the health worker/screener

Date (mm dd yyyy):

Annex G. School-Based Immunization Card Template



Annex H. Summary Reporting Form

School-Based Immunization

DAILY SUMMARY REPORTING Form: RHU Consolidated Accomplishment Form Report

Region: _____

Province/City: _____ Municipal/City: _____ Date: _____

Name of Schools	Grade 1													Grade 4 Female												Grade 7											
	Total no. of students enrolled	Students vaccinated w/ MR		Students vaccinated w/ Td		Total no. of deferred				Total no. of refusal				Total no. of enrolled	No. of female students vaccinated				Total no. of deferred				Total no. of refusal				Total no. of students enrolled	Students vaccinated w/ MR		Students vaccinated w/ Td		Total no. of deferred				Total no. of refusal			
		No.	%	No.	%	MR	%	Td	%	MR	%	Td	%		1st dose of HPV	%	2nd dose of HPV	%	1st dose of HPV	%	2nd dose of HPV	%	1st dose of HPV	%	2nd dose of HPV	%		No.	%	No.	%	MR	%	Td	%	MR	%	Td	%
Total																																					

Grade 1

MR

Number of Vaccine Received (in vials): _____

Number of Vaccine Used (in vials): _____

Number of Vaccine Unused (in vials): _____

Td

Number of Vaccine Received (in vials): _____

Number of Vaccine Used (in vials): _____

Number of Vaccine Unused (in vials): _____

Grade 7:

MR:

Number of Vaccine Received (in vials): _____

Number of Vaccine Used (in vials): _____

Number of Vaccine Unused (in vials): _____

Td

Number of Vaccine Received (in vials): _____

Number of Vaccine Used (in vials): _____

Number of Vaccine Unused (in vials): _____

Grade 4 Female:

HPV:

Number of Vaccine Received (in vials): _____

Number of Vaccine Used (in vials): _____

Number of Vaccine Unused (in vials): _____

REASONS FOR BEING UNVACCINATED

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

Adverse event	Case definition	First-line Treatment	Vaccine
Anaphylactoid reaction (acute hypersensitivity reaction)	Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterized by one or more of the following: • 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 Notifiable if the onset is within 24 to 48 hours after immunization	Self-limiting; antihistamines may be helpful.	All
Anaphylaxis	Severe immediate (within 1 hour) allergic reaction leading to circulatory failure with or without bronchospasm and/or laryngospasm laryngeal oedema. Notifiable if the onset is within 24 to 48 hours after immunization	Epinephrine 1:1,000 formulation • 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	Joint pain usually includes the small peripheral joints. **Persistent** if lasting longer than 10 days, **transient**: if lasting up to 10 days Notifiable if the onset is within 1 month after immunization	Self-limiting; analgesics	Rubella, MMR
Brachial neuritis	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. Notifiable if the onset is within 3 months after immunization	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°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: • 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		

*Brighton collaboration has developed case definitions for many vaccine reactions and is available at www.brighton collaboration.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