



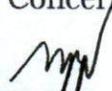
Republic of the Philippines
Department of Education
MIMAROPA REGION
SCHOOLS DIVISION OF MARINDUQUE



Office of the Schools Division Superintendent

DIVISION MEMORANDUM

TO : Asst. Schools Division Superintendent
Chief Education Supervisors
Public Schools District Supervisors
All Public Elementary and Secondary Schools
All Others Concerned

FROM :  **LYNN G. MENDOZA, EdD**
OIC, Schools Division Superintendent

SUBJECT : INTERIM GUIDELINES ON THE RESUMPTION OF SCHOOL- BASED IMMUNIZATION (SBI) PROGRAM AFTER THE COVID-19 PANDEMIC

DATE : September 26, 2024

1. In compliance with DM-OUOPS-2024-03-06789 re: **Interim Guidelines on the Resumption of School- Based Immunization (SBI) Program after the Covid-19 Pandemic**, the Department of Health, Marinduque Provincial Health Office and Rural Health Units in coordination with the School Governance and Operations Division – Health and Nutrition Section will conduct School-Based Immunization from October to November 2024 in all public elementary and secondary schools.
2. The target beneficiaries are Grade 1, Grade 4 (Female only) and Grade 7 learners for SY 2024-2025.
3. In line with this, parental consent must be secured prior to the conduct of the activity.
4. Attached as Enclosures are the following:
 - a. Enclosure No. 1 - DM-OUOPS-2024-03-06789 re: Interim Guidelines on the Resumption of School- Based Immunization (SBI) Program after the Covid-19 Pandemic
 - b. Enclosure No. 2 - DM No. 2024-0250 re: Interim Guidelines on the Resumption of School- Based Immunization (SBI) Program after the Covid-19 Pandemic
 - c. Enclosure No. 3 - Schedule of School-Based Immunization per school
5. Immediate dissemination of this Memorandum is desired.

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Lead to Excel. Excel to Lead.”*





Republika ng Pilipinas
Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM

DM-OUOPS-2024-03-06789

TO : **REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
PUBLIC AND PRIVATE ELEMENTARY AND SECONDARY SCHOOLS
ALL OTHERS CONCERNED**

FROM :  **ATTY. REVSEE A. ESCOBEDO**
Undersecretary for Operations

SUBJECT : **INTERIM GUIDELINES ON THE RESUMPTION OF SCHOOL-BASED
IMMUNIZATION (SBI) PROGRAM AFTER THE COVID-19 PANDEMIC**

DATE : **August 19, 2024**

1. Immunization provide protection against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV). In 2013, the School Based Immunization (SBI) Program was institutionalized and conducted every August nationwide in all public schools until the COVID-19 pandemic. IN 2020, SBI shifted from school-based to community-based setting due to mobility restrictions and suspension of in-person classes in schools during the peak of the COVID-19 pandemic.
2. The full resumption of face-to-face classes exposes school learners to high risk of contracting VPDs, thus it is imperative that the SBI Program shall be implemented and shifted back to school-based from community-based setting the full resumption of face-to-face classes, school learners are at high risk of contracting VPDs.
3. The Interim Guidelines on the Resumption of School-Based Immunization after the COVID-19 Pandemic are contained in the Enclosure.
4. Parental consent must be secured prior to the conduct of the activity.
5. Regional Directors, Schools Division Superintendents and other school officials are enjoined to provide full support to in the conduct of the activity. School health personnel are expected to closely coordinate with the regional/provincial/city health officers in the conduct of the vaccination activities.
6. For more information, all concerned may contact Dr. Maria Corazon C. Dumlao, Chief, Health Program Officer, Bureau of Learner Support Services-School Health Division at (02)8632-9935 and email at blss.shd@deped.gov.ph.
7. Immediate dissemination of this Memorandum is desired.

Incls.: As stated.



June 21, 2024

DEPARTMENT MEMORANDUM
No. 2024 - 0250

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: Interim Guidelines on the Resumption of School-Based Immunization (SBI) after the COVID-19 Pandemic

I. BACKGROUND

The School-based Immunization (SBI) is a program of the Department of Health (DOH), in coordination with the Department of Education (DepEd), that aims to provide protection against vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV). Since 2013, SBI has been conducted every August nationwide in public schools until the COVID-19 pandemic. The SBI shifted from school-based to community-based setting due to mobility restrictions and suspension of in-person classes in schools during the peak of the COVID-19 pandemic.

With the full resumption of face-to-face classes, school learners are at high risk of contracting VPDs. Thus, the continuity of delivering immunization services, including school-based vaccination, proves to be critical in mitigating public health crises, such as the recent outbreaks of measles and pertussis in certain areas of the country.

In this regard, this issuance aims to provide technical directions for the re-implementation of School-based Immunization services at the school setting.

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. Local health centers shall coordinate with school principals, teachers and school nurses on the conduct of SBI activities and SBI guidelines orientation.
- b. Teachers-in-charge/school nurses shall issue notification letters and consent forms (*Annex A*) and IEC materials of health services such as immunization to school children upon enrollment. The template for notification letter and informed consent may be accessed through: <https://bit.ly/SBIConsentForm>.
- c. 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.
- d. 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 coordination and 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 vaccine 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 included in the costed SBI microplans to be submitted to the higher administrative level.
- c. A standard microplan template which can be accessed through <https://tinyurl.com/SBIMicroplanTemplate> shall be used by all LGUs.

3. Demand Generation

- a. Engagement of parents and caregivers through Parents and Teacher Association (PTA) meetings and similar activities shall be conducted by schools to ensure uptake among students.
- b. Discussions on vaccination among students shall also be conducted through platforms such as flag ceremonies, as part of lectures for relevant classes, and/or through dedicated teach-in sessions to raise awareness and willingness among students.
- c. Conducting social listening and feedbacking among students and parents shall be done through different channels such as meetings and discussions to identify mis/disinformation that need to be addressed.
- d. 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.
- e. Other interactive community engagement activities such as contests and kick-off/launching activities are also encouraged.

4. Setting up of Vaccination Posts

Local health centers shall coordinate with the school administrators for the use of school facilities as temporary vaccination posts. Temporary vaccination posts shall be well-ventilated and spacious to allow compliance with minimum public health standards. Client flow in the vicinity shall be discussed with school administrators, teachers-in-charge, and school nurses.

5. 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. The number of target eligible

populations shall be automatically populated in the SBI *Recording Forms*.

- c. Provided that remaining funds are still available, hiring additional vaccinators and encoders for this activity may be charged under the Locally Funded Project (LFP) funds. Appropriate remuneration through performance-based incentives, and daily subsistence allowance (DSA), transportation allowance, and other immunization-related activities shall be provided to the vaccination teams and may be chargeable against Public Health Management (PHM) funds under DO 2024-0032-B entitled "*Further Amendment to the Department Order No. 2024-0032-A dated March 13, 2024, and February 7, 2024, entitled, Guidelines on the Sub-Allotment and Utilization of Funds to Centers for Health Development and Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao for the Conduct of CY 2024 Bivalent Oral Polio Vaccine Catch-Up and Supplementation Immunization Activities (bOPV SIA)*."

6. Orientation and Training

Pre-deployment orientation and capacity-building activities on SBI guidelines shall be conducted to 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 staff 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. School children shall bring their Routine Immunization Cards or Mother and Child booklets on the day of immunization for confirmation of their vaccination history.
- e. The vaccinator shall conduct a quick health assessment prior to administration of MR, Td, and HPV vaccines using the recommended form (*Annex G*) to ensure that the child is well enough to be vaccinated.
- f. Antigens administered during the SBI shall be reflected as a supplemental dose in the Routine Immunization Card, Mother and Child booklet, or SBI vaccination card.
- g. If the Routine Immunization Card or Mother and Child Booklet is not available, an SBI vaccination card shall be provided by the local health center (*Annex H*).
- h. Parents and guardians must be reminded to keep the child's immunization card as it will be used as a means for 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 SQ, Right upper arm (posterior triceps) each dose
Td	Irrespective	One (1) dose	0.5mL, IM, Left deltoid
Grade 7 Students			
MR	Irrespective	One (1) dose	0.5mL SQ, Right upper arm (posterior triceps)
Td	Irrespective	One (1) dose	0.5mL, IM, Left deltoid
Grade 4 Female Students in selected HPV implementing areas only (Annex I)			
HPV	Zero (0) dose	HPV1	0.5ml IM, left deltoid
		HPV 2, at least 6 months from 1st dose	0.5ml, IM left deltoid
	One (1) or 2 doses from previous year implementation	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 at any interval even if another vaccine was previously injected to the child (ie. rabies toxoid or MR vaccine).
 - ii. Live, attenuated vaccines such as MR can be administered on the following conditions:
 - 1. If not given simultaneously/on the same day after another live attenuated vaccine (e.g., varicella), administer following a 28-day interval
 - 2. If not given simultaneously/on the same day after an inactivated vaccine (ie. Td and HPV), administer any time

- 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.** To achieve maximum immunization coverage, 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. This catch-up may include the scheduling of an additional vaccine day, the option for some students to receive catch-up vaccines with their peers in other classes or accessing the immunization session from 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.
 - ii. These students shall also be recorded in the *Recording Forms*.

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 sub-national levels. Quantification for vaccines and ancillaries shall be done using the microplan template (<https://tinyurl.com/SBIMicroplanTemplate>).
- iii. All provinces/cities are required to update inventories of MR, Td and HPV vaccines received and issued through the electronic logistics management information system (eLMIS). Such shall be reported weekly.

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 lose their potency by 50% when exposed to over 8°C within 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. Refraining 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 administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. Mild upper respiratory infections are not generally contraindications to vaccination.

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* of this document. 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 such as epinephrine for allergic reactions and other items for managing the clinical presentation of AEFIs. These kits shall be replenished prior to each vaccination run. All vaccination team members shall be trained to detect, monitor, and provide first aid for AEFI (eg. anaphylaxis) and other health emergencies following immunization. Prompt referral to the nearest health facility must be made in such events.

Table 2. Recommended dosage for epinephrine.

Route of Administration	Frequency of Administration	Dose
Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the 3rd of the thigh immediately	Repeat in every 5-15 min as needed until there is a resolution of the anaphylaxis <i>Note: Persisting or worsening cough associated with pulmonary edema is an important sign of epinephrine overdose and toxicity</i>	According to age: <ul style="list-style-type: none"> ● 0.05 mL for less than 1 y.o. ● 0.15 mL for 2-6 y.o. ● 0.3 mL for 6-12 y.o. ● 0.5 mL for older than 12 y.o.

7. The DOH-retained and other government hospitals shall not charge the patient treated for serious AEFI with 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* 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 recorded using the *Summary Reporting Form (Annex E)* and shall be uploaded in the vaccination dashboard developed by KMITs. Submitted reports shall be analyzed by the DPCB National Immunization Program and submitted to the Public Health Services Cluster (PHSC) as regular updates. The summary reporting form may be accessed via the link: <https://tinyurl.com/SBIReporting>.
- c. The procedure for submission of reports should adhere to the guidelines provided in *Annex F*.

2. Monitoring

The Disease Prevention and Control Bureau (DPCB) together with the HPB, EB, KMITs, SCMS and other DOH Bureaus and Offices shall convene weekly meetings with the CHDs and MOH-BARMM every Wednesdays at 10:00 AM until the end of the SBI roll-out period to 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 and DILG 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:

GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA
Undersecretary of Health
Public Health Services Cluster

Annex A: Notification Letter and Consent Form Template



Republika ng Pilipinas
Rehiyon _____



NOTIFICATION LETTER

DATE: _____

DIVISION: _____
SCHOOL: _____
ADDRESS: _____

Dear Parent/Guardian:

This school as a Public Elementary / Secondary School will provide School-Based Immunization (SBI) of Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines to Grade 1 and Grade 7 students in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

This Notification is being issued to you as information of the activity that will be conducted for SY 2024 – 2025. Should you have 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 (month/day/yyyy)	
Surname:	First Name:	Middle Name:		
Contact Information			Age	Sex
Contact Number:	School:			
PRE-VACCINATION CHECKLIST (FOR PARENTS/GUARDIAN TO COMPLETE)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (✓) if any condition applies to your child):</i>				
<input type="checkbox"/> My child had a history of severe allergy to measles-containing or Td vaccines. <input type="checkbox"/> My child has a severe illness: <ul style="list-style-type: none"> <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalised malignancies <input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <ul style="list-style-type: none"> <input type="checkbox"/> Grade 1 (MR, Td) <input type="checkbox"/> Grade 7 (MR, Td) <input type="checkbox"/> 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. I voluntarily choose to exempt my child from the required schedule of immunizations.				
_____ Name and Signature of Parent / Guardian				



Republika ng Pilipinas
Rehiyon _____



NOTIFICATION LETTER

DATE: _____

DIVISION: _____
SCHOOL: _____
ADDRESS: _____

Dear Parent/Guardian:

This school as a Public Elementary / Secondary School will provide **School-Based Immunization (SBI) of Human Papillomavirus (HPV) Vaccine to Grade 4 Female students** in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

This Notification is being issued to you as information of the activity that will be conducted for SY 2024 -- 2025. Should you have 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 (month/day/year)	
Surname:	First Name:	Middle Name:		
Contact Information			Age:	Sex:
Contact Number:		School:		
PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)				
<i>Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (x) if any condition applies to your child)</i>				
<input type="checkbox"/> My child had a history of severe allergy to human papillomavirus (HPV) vaccine. <input type="checkbox"/> My child has a severe illness: <input type="checkbox"/> Primary immune - deficiency disease <input type="checkbox"/> Suppressed immune response from medications <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other generalized malignancies <input type="checkbox"/> None, my child is relatively healthy.				
CONSENT FOR IMMUNIZATION				
<i>(Please check in the box provided)</i>				
<input type="checkbox"/> Yes, I will allow my child to be provided the immunization services as per DOH recommendation. <input type="checkbox"/> Grade 1 (MR, T8) <input type="checkbox"/> Grade 7 (MR, T8) <input type="checkbox"/> 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. I voluntarily choose to exempt my child from the required school immunizations.				
Name and Signature of Parent / Guardian				

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

**SCHOOL-BASED IMMUNIZATION
Recording Form to Masterlist of Grade 1 Students**

Region: _____ Name of School: _____ Section: _____ UIC: _____
 Category: _____ District Municipality: _____ Number of Vaccine Received in visit: _____
 City/Township: _____ Date: _____ Number of Vaccine Used in visit: _____
 Number of Vaccine Unused in visit: _____

To be filled out by Local Health Center / Vaccination Team					To be filled out by Vaccination Team																		
Sl. No.	Name of Child	Age	Gender	DOB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
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 list)

- Code Reason
- 1 Parent was absent/ away from home
 - 2 Fear of vaccine side effect
 - 3 Vaccine safety issues (foreign vaccine experience, past adverse experience, etc.)
 - 4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
 - 5 Fear of COVID transmission
 - 6 Vaccine perceived to be not effective, of low-quality or on non-skipity
 - 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 IAC, against advice by private IAC, then parents/caregiver refused
 - 9 Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination, Against religious belief

- Code Reason
- 10 Lack of trust in the vaccinator
 - 11 Child just recovered from illness or just discharged from the hospital, the parent/caregiver refused
 - 12 Unaware of the campaign
 - 13 Vaccine team did not visit
 - 14 Child was from a different area
 - 15 Child was acutely sick or not feeling well
 - 16 Do not know/ declined to respond
 - 17 Outright refusal
 - 18 Other (specify) _____

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

SCHOOL-BASED IMMUNIZATION Recording Form 2: Masterlist of Grade 7 Students

Report: _____ Name of School: _____ Section: _____
 Strongly: _____ District/Municipality: _____
 City/Province: _____ Date: _____

NR: _____ TB: _____
 Number of vaccine received in visit: _____ Number of vaccine received in visit: _____
 Number of vaccine used (in visit): _____ Number of vaccine used (in visit): _____
 Number of vaccine (injection visit): _____ Number of vaccine (injection visit): _____

To be filled out by Local Health Center / Vaccination Team					To be filled out by vaccination team														
Sl. No.	Name (Surnames, First Name, MI)	Complete Address	Date of Birth (MM/DD/YYYY)	Age	Sex	Date of BCG/Thubhole		Dewormed (date)		History of Allergies	High Stature (Growing rate)		Vaccination status					Status	Remarks
						BCG 1	BCG 2	V	N		V	N	MMR1	MMR2	MMR3	MMR4	MMR5		
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 Reporter

REASONS FOR BEING UNVACCINATED
(Select all that apply for the HX)

- Code Reasons
- 1 Parent was absent/ away from home
 - 2 Fear of vaccine side effect
 - 3 Vaccine safety issues (dearogue vaccine experience, past adverse experience, etc.)
 - 4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
 - 5 Fear of COVID transmission
 - 6 Vaccine perceived to be not effective, of low-quality or on near-expiry
 - 7 Child 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, again advised by private MD, thus parents/ caregiver refused
 - 9 Recuse personal beliefs or misconceptions of the parents or caregiver or vaccination. Against religious beliefs

- Code Reasons
- 10 Lack of trust in the vaccinator
 - 11 Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused
 - 12 Unaware of the campaign
 - 13 Vaccine team did not visit
 - 14 Child was a from a different area
 - 15 Child was acutely sick or not feeling well
 - 16 Do not know/ decided to respond
 - 17 Ought not to respond
 - 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**

Region: _____ Name of School: _____ Section: _____

Barangay: _____ District/Municipality: _____

City/Province: _____ Date: _____

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

To be filled out by Local Health Center / Vaccination Team				To be filled out by vaccination team														
Sl. No.	Name (Lastname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of HPV Received		Dose(s) Recd		Validity of Adm. Reg.	Visit today? (Yes/No)		Vaccines Given			Deferral	Remarks	Remarks
						HPV 1	HPV 2	Y	N		Y	N	HPV 1	HPV 2	HPV 3			
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 HPIC)

- Code Reason
- 1 Parent was absent/ away from home
 - 2 Fear of vaccine side effect
 - 3 Vaccine safety issues (dange vaccine experience, past adverse experience, etc.)
 - 4 Child already has complete routine vaccination, extra vaccine dose not necessary, no parents refused
 - 5 Fear of COVID transmission
 - 6 Vaccine perceived to be not effective, of low-quality or an near-expiry
 - 7 Client is a newborn and parents believed that her/his child is too young to be given vaccination
 - 8 Child was already vaccinated by private MD, against advised by private MDs, thus parents/ caregiver refused
 - 9 Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination, Against religious beliefs

Code Reason

- 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 acutely sick or not feeling well
- 16 Do not know/ declined to respond
- 17 Oughter refusal
- 18 Other (specify) _____

Annex F: Flow and Submission of Reports

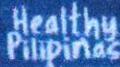
Levels of Implementation	Type of report	Responsible Person	To be Submitted to	Schedule of Report
School	Recording Form 1: Masterlist of Grade 1 Students	Local Health Center/Vaccination Team	RHU	Daily
	Recording Form 2: Masterlist of Grade 4 Students			
	Recording Form 3: Masterlist of Grade 4 Students			
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

Annex G: Quick Health Assessment Form

**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 below 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 definite 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Assessed by:				
_____ <i>Signature over printed name of the health worker/screener</i>				
Date (mm/dd/yyyy):				

Annex H: School-Based Immunization Card Template



**Vaccination Card for
School-age Children**



Child's name:

Date of birth:

Vaccine Type	[Vaccination given]		
	Date	Date	Date
MR (Measles-Rubella)	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
TD (Tetanus-Diphtheria)	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
HPV* (Human Papilloma Virus)	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
Others: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

Keep this card for future reference

* For appropriate ages only

Annex I: List of Provinces/Cities Implementing HPV Vaccination

CAR

1. Apayao
2. Ifugao
3. Abra
4. Baguio City
5. Benguet
6. Kalinga
7. Mt. Province

Region I

1. Paangasinan
2. Ilocos Norte
3. Ilocos Sur
4. La Union
5. Alaminos City
6. Candon City
7. Dagupan City
8. Laoag City
9. San Carlos City
10. San Fernando City
11. Urdaneta City
12. Vigon City

Region II

1. Batanes
2. Cagayan
3. Isabela
4. Nueva Vizcaya
5. Quirino
6. Santiago City
7. Ilagan City
8. Cauayan City
9. Tuguegarao City

Region III

1. Pampanga
2. Zambales
3. Angeles City
4. Cabanatuan City
5. Gapan City
6. Mabalacat City
7. Palayan City
8. Muñoz City
9. Nueva Ecija
10. Olongapo City
11. San Jose City
12. San Fernando City

Region IV-A

1. Quezon
2. Batangas
3. Cavite
4. Laguna
5. Rizal
6. Antipolo City
7. Lucena City

Region IV-B

1. Puerto Princesa City
2. Marinduque
3. Occidental Mindoro
4. Oriental Mindoro
5. Palawan
6. Romblon

Region V

1. Masbate
2. Camarines Sur
3. Legazpi City
4. Ligao City
5. Tabaco City

Region VI

1. Iloilo
2. Iloilo City
3. Negros Occidental
4. Bacolod City
5. Antique
6. Aklan
7. Capiz
8. Guimaras

Region VII

1. Cebu
2. Cebu City
3. Bohol
4. Dumaguete City
5. Negros Oriental
6. Lapu-Lapu City
7. Manduae City
8. Siquijor
9. Tagbilaran City

Region VIII

1. Eastern Samar
2. Northern Leyte
3. Northern Samar
4. Ormoc City
5. Tacloban City
6. Borongan City

Region IX

1. Zamboanga del Sur
2. Pagadian City
3. Zamboanga City

Region X

1. Camiguin
2. Bukidnon
3. Cagayan de Oro
4. Iligan City
5. Lanao del Norte
6. Misamis Occidental
7. Misamis Oriental

Region XI

1. Davao Oriental
2. Davao City
3. Davao del Norte
4. Davao Occidental
5. Davao del Sur
6. Davao De Oro

Region XII

1. North Cotabato
2. Sarangani
3. General Santos City
4. South Cotabato
5. Sultan Kudarat

Region XIII

1. Agusan del Norte
2. Agusan Del Sur
3. Surigao Del Sur
4. Surigao Del Norte
5. Butuan City

BARMM

1. Lanao del Sur
2. Maguindanao Del Sur
3. Maguindanao Del Norte
4. Sulu
5. Tawi-Tawi

NCR

1. Caloocan City
2. Mandaluyong
3. Marikina City
4. Pasay City
5. Quezon City
6. Taguig City
7. Valenzuela City
8. Las Piñas City
9. Mnkati City
10. Malabon City
11. Manila City
12. Muntinlupa City
13. Navotas City
14. Paranaque City
15. Pasig City
16. Pateros
17. San Juan City

Annex J: List of Immediately Notifiable AEFIs
(AO 2023-0007: Revised Omnibus Guidelines on the Surveillance and Management of Adverse Events Following Immunization)

Adverse event	Case definition	Vaccine
Acute flaccid paralysis (Vaccine associated paralytic poliomyelitis)	Acute onset of flaccid paralysis within 4 to 30 days of receipt of oral poliovirus vaccine (OPV), or within 4 to 75 days after contact with a vaccine recipient and neurological deficits remaining 60 days after onset, or death. Notifiable if the onset is within 3 months after immunization	OPV
Anaphylactoid reaction (acute hypersensitivity reaction)	Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterized by one or more of the following: <ul style="list-style-type: none"> • Wheezing and shortness of breath due to bronchospasm • One or more skin manifestations, e.g. hives, facial oedema, or generalized oedema. Less severe allergic reactions do not need to be reported. • Laryngospasm/laryngeal oedema Notifiable if the onset is within 24 to 48 hours after immunization	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	All
Arthralgia	Joint pain usually including 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	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	Tetanus
Disseminated BCG infectious	Widespread infection occurring within 1 to 12 months after BCG vaccination and confirmed by isolation of <i>Mycobacterium bovis</i> BCG strain. Usually in immunocompromised individuals.	BCG
Encephalopathy	Acute onset of major illness characterized by any two of the following three conditions: seizures, severe alteration in level of consciousness lasting for	Measles- containing, Pertussis- containing

	one day or more distinct change in behavior lasting one day or more. Needs to occur within 48 hours of DTP vaccine or from 7 to 12 days after measles or MMR vaccine, to be related to immunization.	
Hypotonic, hyporesponsive episode (HHE or shock-collapse)	Event of sudden onset occurring within 48 [usually less than 12] hours of vaccination and lasting from one minute to several hours, in children younger than 10 years of age. All of the following must be present: <ul style="list-style-type: none"> • Limpness (hypotonic) • Reduced responsiveness (hyporesponsive) • Pallor or cyanosis – or failure to observe/recall 	Mainly DTP, rarely others
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	All
Lymphadenitis (includes simple and suppurative lymphadenitis)	Either at least one lymph node enlarged to >1.0 cm in size (one adult finger width) or a draining sinus over a lymph node. Almost exclusively caused by BCG and then occurring within 2 to 6 months after receipt of BCG vaccine, on the same side as inoculation (mostly axillary). May develop as early as two weeks after vaccination, most cases appear within six months, and almost all cases occur within 24 months.	BCG
Osteitis/ Osteomyelitis	Inflammation of the bone with isolation of <i>Mycobacterium bovis</i> BCG strain. Notifiable if the onset is between 1 and 12 months after immunization	BCG
Persistent inconsolable screaming	Inconsolable continuous crying lasting 3 hours or longer accompanied by high-pitched screaming. Notifiable if the onset is within 24 to 48 hours after immunization	DTP, Pertussis
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	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	All
Severe local reaction	Redness and/or swelling centered at the site of injection and one or more of the following: <ul style="list-style-type: none"> • Swelling beyond the nearest joint 	All

	<ul style="list-style-type: none"> • Pain, redness, and swelling of more than 3 days duration • Requires hospitalization. <p>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.</p>	
Thrombocytopenia	<p>Serum platelet count of less than 150,000/ml leading to bruising and/or bleeding</p> <p>Notifiable if the onset is within 3 months after immunization</p>	MMR
Toxic shock syndrome (TSS)	<p>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.</p> <p>Notifiable if the onset is within 24 to 48 hours after immunization</p>	All

*Brighton collaboration has developed case definitions for many vaccine reactions and is available at: www.brightoncollaboration.org.
 Reference: *Manual of Procedures for Surveillance and Response to AEFT*, 2014



Republic of the Philippines
Province of Marinduque
Municipality of Boac



PABLO N. MARQUEZ MEMORIAL HEALTH AND DIAGNOSTIC CENTER
Boac Municipal Health Office

SCHOOL-BASED IMMUNIZATION OCTOBER-NOVEMBER 2024
(MR/TD/HPV Vaccination)

DATE	SCHOOL	TARGET		TIME	TEAM
		MR/TD	HPV		
October 7,2024	Amoingon ES	27	10	AM	RHU-1 SBI TEAM 3
	Mahinhin ES	15	16	AM	RHU-2 SBI TEAM 2
	Puting Buhangin ES	4	13	AM	RHU-2 SBI TEAM 3
October 8,2024	Tugos ES	22	16	AM	RHU-1 SBI TEAM 1
	Duyay ES	29	15	AM	RHU-1 SBI TEAM 2
October 9,2024	Cawit National Comprehensive HS	107		AM	RHU-1 SBI TEAM 1&2
	Cawit ES	104	44	AM	RHU-1 SBI TEAM 3
	Balimbing ES (SBI Kick-off Ceremony)	34	44	AM	ALL RHU-2 SBI TEAMS & RHU-1 SBI TEAM 4
	Ilaya NHS	88		AM	ALL RHU-2 SBI TEAMS
October 11,2024	Maybo ES	18	16	AM	RHU-1 SBI TEAM 4
	Poctoy ES	14	5	AM	RHU-1 SBI TEAM 5
	Bantauyan ES	13	3	PM	
October 14,2024	Don Luis Hidalgo Memorial School (DLHMS)	186	100	AM	ALL RHU-1 SBI TEAMS
	Bamban ES	13	12	AM	RHU-2 SBI TEAM 3
	Catubugan ES	21	21	AM	RHU-2 SBI TEAM 4
	Mainit ES	23	26	AM	RHU-2 SBI TEAM 1
	Balagasan ES	15	25	PM	
October 15,2024	Tanza ES	40	22	AM	RHU-1 SBI TEAM 4&5
	Tumagabok ES	9	8	AM	RHU-2 SBI TEAM 2
	Tambunan ES	16	17	AM	RHU-2 SBI TEAM 1&4
October 16,2024	Maligaya ES	13	5	AM	RHU-1 SBI TEAM 4
	Buliasnin ES	17	13	PM	
	Lupac-Tabigue ES	40	22	AM	RHU-1 SBI TEAM 1
	Poras ES	28	17	AM	RHU-1 SBI TEAM 5
October 17,2024	Caganhao ES		15	AM	RHU-1 SBI TEAM 5
	Balaring ES	25		PM	
	Bangbangalon ES	38	21	AM	RHU-1 SBI TEAM 4
	Mansiwat ES	7	2	AM	RHU-1 SBI TEAM 1
October 18,2024	Boac South Central School	30	25	AM	RHU-1 SBI TEAM 3
	Don Severino Lardizabal Memorial School	25	13	AM	RHU-1 SBI TEAM 2
	Pili-Balogo ES	23	7	AM	RHU-1 SBI TEAM 4
	Canat ES	21	8	AM	RHU-2 SBI TEAM 3
	Boi ES	21	27	AM	RHU-2 SBI TEAM 1
	Hinapulan ES	11	11	AM	RHU-2 SBI TEAM 4
October 21,2024	Bantay ES	31	35	AM	RHU-2 SBI TEAM 1&2
	Puyog ES	17	21	AM	RHU-2 SBI TEAM 4
October 22,2024	Agot ES	23	26	AM	RHU-2 SBI TEAM 1&2
	Sawi ES	14	20	AM	RHU-2 SBI TEAM 3
October 24,2024	Marinduque National High School (MNHS)	871		AM-PM	ALL RHU-1&2 SBI TEAMS
October 25,2024	Binunga ES	21	20	AM	RHU-2 SBI TEAM 1&2
	Pawa ES	12	16	AM	RHU-2 SBI TEAM 4
October 28,2024	Agumaymayan ES	11	12	AM	RHU-2 SBI TEAM 3
TOTAL		2,097	749		
Oct. 29 – Nov. 30,2024	Mop-up of Deferred Learners as scheduled by Catchment Midwives/ DOH-HRHs				ALL RHU-1&2 SBI TEAMS

*AM-(9AM-12NN)/ PM-(1PM-4PM)

SCHOOL-BASED IMMUNIZATION 2024 TEAMS

SBI SUPERVISORS	Name	Contact Number
	Catherine Dell J. Sadiwa-Cruz,MD,FPCP	0917-656-1809
	Juliean M. Muhi,RMT,MD	0928-313-4037
	Janel A. Romasanta,MD	0950-276-1961



PABLO N. MARQUEZ MEMORIAL HEALTH AND DIAGNOSTIC CENTER

Boac Municipal Health Office

AMBULANCE DRIVERS	Gilbert Rañoso	0915-472-2578
	Ediemer Magalang	0927-429-8413

RHU-1 SBI TEAM

TEAM	NAME	DESIGNATION	CONTACT NO.
1	Al Paul Jhon M. Janda	SBI Educator	0956-764-6491
	Loida L. Ditan	SBI Vaccinator	
	Eurose Catherine H. Paz	SBI Vaccinator	
	Gloria Marris Mawac	SBI Recorder/Encoder	
	Jay Edson Majaba	SBI Recorder/Encoder	
2	Cesara L. Togado	SBI Educator	0917-134-3222
	Karen C. Lamboloto	SBI Vaccinator	
	Maricon Labay	SBI Vaccinator	
	Edita Miñoza	SBI Recorder/Encoder	
	Bryan Liveló	SBI Recorder/Encoder	
3	Maricon M. Monreal	SBI Vaccinator	0912-861-6647
	Jane M. Podevida	SBI Vaccinator	
	Gemma M. Marquez	SBI Educator	
	Roberto Luis Flora	SBI Recorder/Encoder	
	Jake Edmar Maas	SBI Recorder/Encoder	
4	Jay Ann DC. Orilla	SBI Educator	0956-748-3077
	Mary Ann Malitao	SBI Vaccinator	
	Ma. Victoria M. Cha	SBI Vaccinator	
	John Michae Luz	SBI Recorder/Encoder	
	Glenda G. Luzares	SBI Recorder/Encoder	
5	April M. Jimena	SBI Vaccinator	0956-183-6540
	Zaire S. De Castro	SBI Vaccinator	
	Dr. Gilda M. Calachan	SBI Educator	
	Acemar Nacawili	SBI Recorder/Encoder	
	Jasmin M. Piedragoza	SBI Recorder/Encoder	

RHU-2 SBI TEAM

TEAM	NAME	DESIGNATION	CONTACT NO.
1	Arlene M. Narzoles	SBI Educator /Vaccinator	0912-257-8379
	Mary Rose Mercolesia	SBI Educator /Vaccinator	
	Cecilia Vitto	SBI Recorder/Encoder	
2	Maryliza M. Malilom	SBI Educator /Vaccinator	0950-251-6410
	Katrina Ann Bustos	SBI Educator /Vaccinator	
	Charmaine Shayne R. Nodalo	SBI Recorder/Encoder	
	Flordeliza Villanueva	SBI Recorder/Encoder	
3	Elsie M. Lacorte	SBI Educator /Vaccinator	0908-209-3406
	Shaunevy Mica S. Laman	SBI Educator /Vaccinator	
	Flordelyn Milaya	SBI Recorder/Encoder	
	Rod Edrian Camba	SBI Recorder/Encoder	
4	Jazmine Maglacas	SBI Recorder/Encoder	0975-369-2071
	Vanessa P. Pagaling	SBI Educator /Vaccinator	
	Maria Corazon Coco H. Watiwat	SBI Educator /Vaccinator	
	Dr. Aristotle Montegrejo	SBI Recorder/Encoder	

Prepared by:

AL PAUL JHON M. JANDA,RN

Nurse-II

Noted by:

JULIEAN M. MUHL,RMT,MD

Rural Health Physician

CATHERINE DELL J. SADIWA-CRUZ,MD,FPCP

Municipal Health Officer

Approved by:

ARMI DC. CARRION

Municipal Mayor



Republic of the Philippines
Province of Marinduque
Municipality of Buenavista



ITINERARY FOR THE MONTH OF OCTOBER 2024

SUN	MON	TUE	WED	THU	FRI	Sat
6	7	8	9	10	11	12
		AM Bagacay ES- Team 2 (21) Gomez, Quizada, Jao, Javier Bicas Bicas ES - Team 1 (29) Cha, Villanueva, Famorca, Sales PM Bagacay NHS (37) Team 1 and Team 2	AM Binunga ES - Team 1 (46) Cha, Sevilla, Millar, Villanueva Yook ES - Team 3 (49) Narvas, Ninofranco, Semilla, Sagad PM YNHS - Team 1 and 3 (108) Cha, Sevilla, Millar, Villanueva Narvas, Ninofranco, Semilla, Sagad	AM Tungib ES - Team 1 (26) Cha, Sevilla, Villanueva,, Millar Lipata NHS - Team 1 (40) Famorca, Sagad, Semilla, Jao PM Lipata ES- Team 1 (48) Cha, Sevilla Villanueva,, Millar	AM Libas ES- Team 2 (13) Sevilla, Gomez, Ninofranco, Sales PM Reporting	
13	14	15	16	17	18	19
	AM Bagtingon ES-Team 1 (33) Cha, Sales, Millar, Jao Bagtingon NHS-Team 4 (36) Lazo, Quizada, Javier, BHW PM Pag-asa ES- Team 4 (15) Lazo, Quizada, Javier, BHW Caigangan ES- Team 1 (46) Cha, Sales, Millar, Saez	AM Daykitin ES-Team 3 (49) Narvas, Sales, Reforma, Jao Bancorò ES-Team 2 (13) Cha, Famorca, Quizada, Javier PM Daykitin NHS- Team 1 and 3 (57) Narvas, Sales, Reforma, Jao Cha, Famorca, Quizada, Javier	AM BCS-Team 3 and 4 (91) Lazo, Villanueva, Saez, Jao Narvas, Famorca, Semilla, Reforma PM	AM Daat ES- Team 2 (3) Gomez, Quizada, Jao, Sagad Sihi NHS (35) Gomez, Quizada, Jao, Sagad Sihi ES-Team 4 (33) Sevilla, Reforma, Villanueva, Evangelista PM Timbo ES- Team 2 (26) Gomez, Quizada, Jao, Sagad Malbog ES- Team 4 (23) Sevilla, Reforma, Villanueva, Evangelista	AM Reporting	
20	21	22	23	24	25	26
			BNHS- Teams 1,2,3,4 (306) Famorca, Sagad, Villanueva, Jao Cha, Sevilla, Quizada, Javier Lazo, Reforma, Salvacion, Evangelista		Reporting	
27	28	29	30	31		

Team 1: Liezel Cha and Company
Team 2: Lailanie Gomez and Company
Team 3: Genevieve Narvas and Company
Team 4: Loren Lazo and Company

Republic of the Philippines
Province of Marinduque
Municipality of Gasan

No.	Name of Schools	Eligible				Date of vaccination	Number of session per month	Vaccinator's name	Supervisor
		Gr 1 (MR Td)	Gr 7 (MR Td)	Gr 4 Female (HPV)	TOTAL				
1	Antipolo ES	30	0	10	40	10/8/2024	1	Katherine G. Maling	Abigail S. Villaruel, MD
2	Bachao Elementary School	20	0	10	30	10/15/2024	1	Marietta F. Sosa	Abigail S. Villaruel, MD
3	Bacongbacong ES	13	0	3	16	10/15/2024	1	Marietta F. Sosa	Abigail S. Villaruel, MD
4	Bahi ES	17	0	8	25	10/18/2024	1	Sairah M. Molato	Abigail S. Villaruel, MD
5	Bangbang ES	47	0	27	74	10/15/2024	2	Valeria A. Sadiwa	Abigail S. Villaruel, MD
6	Banot-Mahunig ES	30	0	11	41	10/16/2024	1	Merly M. Orencio	Abigail S. Villaruel, MD
7	Bognuyan ES	32	0	21	53	10/16/2024	2	Marietta F. Sosa	Abigail S. Villaruel, MD
8	Cabugao ES	30	0	7	37	10/16/2024	1	Valeria A. Sadiwa	Abigail S. Villaruel, MD
9	Dawis ES	55	0	26	81	10/9/2024	1	Katherine G. Maling	Maria Alilie Judith T. Salva
10	Gasan CS	96	0	46	142	10/18/2024	1	Merly M. Orencio	Maria Alilie Judith T. Salva
11	Gaspar ES	8	0	2	10	10/3/2024	1	Katherine G. Maling	Maria Alilie Judith T. Salva
12	Masiga ES	28	0	22	50	10/17/2024	1	Sairah M. Molato	Maria Alilie Judith T. Salva
13	Matandang Gasan ES	24	0	14	38	10/14/2024	1	Merly M. Orencio	Maria Alilie Judith T. Salva
14	Pangi ES	19	0	12	31	10/16/2024	1	Lorena M. Sadicon	Maria Alilie Judith T. Salva
15	Pinggan ES	30	0	14	44	10/18/2024	1	Katherine G. Maling	Maria Alilie Judith T. Salva
16	Tabionan Elementary School	35	0	13	48	10/14/2024	2	Marietta F. Sosa	Maria Alilie Judith T. Salva
17	Tapuyan ES	22	0	9	31	10/17/2024	2	Valeria A. Sadiwa	Monalyn A. Canay
18	Tiguion ES	42	0	32	74	10/14/2024	2	Lorena M. Sadicon	Monalyn A. Canay
19	Banuyo ES	28	0	19	47	10/8/2024	1	Katherine G. Maling	Monalyn A. Canay
20	Tiguion I ES	16	0	3	19	10/15/2024	1	Lorena M. Sadicon	Monalyn A. Canay
21	Quatis Elementary School	46	0	18	64	10/17/2024	1	Sairah M. Molato	Monalyn A. Canay
22	Aurora Sevilla Sotto Libtangin Elementary School	22	0	10	32	10/14/2024	1	Valeria A. Sadiwa	Monalyn A. Canay
23	Tapuyan NHS	0	87	0	87	10/28/2024 (AM)	1	Valeria A. Sadiwa	Monalyn A. Canay
24	Bangbang NHS	0	296	0	296	10/28/2024 (PM)	1	Valeria A. Sadiwa	Monalyn A. Canay
25	Paciano A. Sena Mem. HS	0	42	0	42	10/29/2024 (AM)	1	Marietta F. Sosa	Monalyn A. Canay
26	Tiguion NHS	0	83	0	83	10/29/2024 (PM)	1	Lorena M. Sadicon	Monalyn A. Canay
27	Bognuyan NHS	0	295	0	295	10/30/2024 (AM)	1	Marietta F. Sosa	Monalyn A. Canay
	TOTAL	690	803	337	1830		27		

Republic of the Philippines
 Province of Marinduque
 Municipality of Mogpog

Mogpog Central School	October 07,2024
Puting Buhangin Elementary School Puting Buhangin National High School	October 08,2024
Balanacan Elementary School Balanacan National High School	October 09,2024
Sayao Elementary School Sayao National High School	October 10,2024
Capayang Elementary School Mogpog National Comprehensive High School	October 11,2024
Butansapa Elementary School Butansapa National High School	October 14,2024
Argao Elementary School Argao National High School	October 15,2024
Paye Elementary School Bintakay Elementary School Lamesa Elementary School	October 16,2024
Guisian Elementary School Janagdong Elementary School Tarug Elementary School Danao Elementary School Hinanggayon Elementary School	October 17,2024
Mendez Elementary School Hinadharan Elementary School Nangka II Elementary School Bocboc Elementary School Ino Elementary School Magapua Elementary School	October 18,2024
Laon Elementary School Pili Elementary School	October 21,2024
Silangan Elementary School Mampaitan Elementary School	October 22,2024
Sumangga Elementary School	October 23,2024
Malayak Elementary School	October 24,2024

Republic of the Philippines
Province of Marinduque
Municipality of Sta. Cruz

No.	Name of Schools	Eligible				Date of vaccination	Number of session per month	Mode of Transportation(Mot orcycle/car/boat/	Vaccinator's name	Social mobilizer Mobilizer	Supervisor
		Gr 1 (MR Td)	Gr 7 (MR Td)	Gr 4 Female (HPV)	TOTAL						
1	Aturan ES	28		11	39	October 9,2024	1	Car	Al Taira M. Grimaldo	Jaira Plata	Honesto R. Marquez Jr.,MD,MPM Ninia Ericka Laceda Richelle R. Almonte
2	Baliis ES	12		12	24	October 14,2024	1	Car	Irma Mendoza	Elena Constantino	
3	Balogo ES	16		9	25	October 21,2024	1	Car	Irma Mendoza	Elena Constantino	
4	Banguangan PS	5		0	5	October 14,2024	1	Car	Al Taira M. Grimaldo	Jaira Plata	
5	Botilao ES	21		10	31	October 15,2024	1	Car	Rowena Esplana	Jason Tan	
6	Botilao NHS		22		22	October 15,2024	1	Car	Rowena Esplana	Jason Tan	
7	Dating Bayan ES	8		2	10	October 21,2024	1	Car	Rowena Riego	Myrafe Montante	
8	Dolores ES	22		15	37	October 22,2024	1	Car	Rowena Riego	Myrafe Montante	
9	Dolores NHS		47		47	October 22,2024	1	Car	Irma Mendoza	Elena Constantino	
10	Hupi ES	14		11	25	October 23,2024	1	Car	Irma Mendoza	Elena Constantino	
11	Hupi NHS		44		44	October 23,2024	1	Car	Irma Mendoza	Elena Constantino	
12	Ipil ES	47		20	67	October 16,2024	1	Car	Rowena Esplana	Jason Tan	
13	Ipil NHS		65		65	October 16,2024	1	Car	Rowena Esplana	Jason Tan	
14	Kalangkang ES	10		5	15	October 24,2024	1	Car, boat	Irma Mendoza	Elena Constantino	
15	Kamandugan ES	14		7	21	October 11,2024	1	Car	Rowena Esplana	Jason Tan	
16	Kasily ES	14		10	24	October 17,2024	1	Car	Irma Mendoza	Elena Constantino	
17	Kasily NHS		22		22	October 17,2024	1	Car	Irma Mendoza	Elena Constantino	
18	Kinyaman ES	5		1	6	October 17,2024	1	Car	Al Taira M. Grimaldo	Jaira Plata	
19	Lamesa ES	14		14	28	October 21,2024	1	Car	Rowena Riego	Myrafe Montante	
20	Libjo Elementary School	3		2	5	October 17,2024	1	Car	Mylene M. Villamayor	Maryhill Pena	
21	LIPA ELEMENTARY	14		8	22	October 10,2024	1	Car	Al Taira M. Grimaldo	Jaira Plata	
22	Lusok ES	8		6	14	October 11,2024	1	Car	Rowena Esplana	Jason Tan	
23	Maniwaya Elementary School	32		17	49	October 9,2024	1	Car, boat	Josefa Privado	Cristina Constantino	
24	Maniwaya NHS		46		46	October 9,2024	1	Car, boat	Josefa Privado	Cristina Constantino	
25	Mongpong Elementary School	32		25	57	October 10,2024	1	Car, boat	Florence Villamayor	Shiela Antonette Quezada	
26	Mongpong NHS		40		40	October 10,2024	1	Car, boat	Florence Villamayor	Shiela Antonette Quezada	
27	Polo ES	22		8	30	October 8,2024	1	Car, boat	Josefa Privado	Cristina Constantino	
28	Polo NHS		21		21	October 8,2024	1	Car, boat	Josefa Privado	Cristina Constantino	
29	Punong ES	12		6	18	October 22,2024	1	Car	Caroline Espino	Myrafe Montante	
30	Punong NHS		22		22	October 22,2024	1	Car	Caroline Espino	Myrafe Montante	
31	San Isidro ES	10		4	14	October 22,2024	1	Car	Caroline Espino	Myrafe Montante	
32	Santa Cruz East Central School	70		34	104	October 9,2024	2	Car	Mylene M. Villamayor	Maryhill Pena	
33	Santa Cruz North CS (Landy ES)	29		17	46	October 18,2024	1	Car	Al Taira M. Grimaldo	Jaira Plata	
34	Landy NHS		199		199	October 11,2024	2	Car	Al Taira M. Grimaldo	Jaira Plata	
35	Santa Cruz South CS (Gabaldon)	32		26	58	October 7,2024	1	Car	Mylene M. Villamayor	Maryhill Pena	
	TOTAL	494	528	280	1302						

Republic of the Philippines
Province of Marikina
Municipality of Sta. Cruz

No.	Name of Schools	Eligible				Date of vaccination	Number of session per month	Mode of Transportation(Motorcycle/car/boat/	Vaccinator's name	SOCIAL MOBILIZER / DEPED NURSE	Supervisor
		Gr 1 (MR Td)	Gr 7 (MR Td)	Gr 4 Female (HPV)	TOTAL						
1	Makapuyat ES	49		25	74	October 8,2024	2	Own Car	Josephine Andojar / Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
2	Makulapnit ES	6		7	13	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Anna Mae Luslos	DR. MENCHI PONDEVIDA / CRIS QUIMORA
3	Labo ES	13		8	21	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Anna Mae Luslos	DR. MENCHI PONDEVIDA / CRIS QUIMORA
4	Tapian ES	17		7	24	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Anna Mae Luslos	DR. MENCHI PONDEVIDA / CRIS QUIMORA
5	San Antonio ES	8		8	16	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Anna Mae Luslos	DR. MENCHI PONDEVIDA / CRIS QUIMORA
6	Kilo-Kilo National High School		60		60	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
7	Kaganhao ES	6		3	9	Wednesday, 9 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Anna Mae Luslos	DR. MENCHI PONDEVIDA / CRIS QUIMORA
8	Masalukot ES	13		7	20	Thursday, 10 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
9	Pulong Parang ES	8		10	18	Thursday, 10 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
10	Devilla ES	5		9	14	Thursday, 10 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
11	Banogbog ES	6		5	11	Thursday, 10 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
12	Alobo NHS		34		34	Friday, 11 October 2024	2	Van / LGU Service Vehicle/Car	Consuelo Rodriguez / Irene Grimaldo	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
13	Alobo ES	17		16	33	Friday, 11 October 2024	2	Van / LGU Service Vehicle/Car	Consuelo Rodriguez / Irene Grimaldo	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
14	Biga Elementary School	4		4	8	Friday, 11 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
15	Morales ES	14		3	17	Friday, 11 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
16	Tamayo ES	11		7	18	Friday, 11 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
17	Tambangan ES	17		7	24	Monday, 14 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
18	Tambangan NHS		23		23	Monday, 14 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
19	Haguimit ES	14		4	18	Monday, 14 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
20	Taytay ES	23		12	35	Monday, 14 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
21	Pansoy Elementary School	7		1	8	Tuesday, 15 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
22	Pantayin Elementary School	9		1	10	Tuesday, 15 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
23	Matalaba ES	38		18	56	Tuesday, 15 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
24	Matalaba NHS		79		79	Tuesday, 15 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
25	Tagum National High School		48		48	Wednesday, 16 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar / Julieta Mendoza	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
26	Tagum ES	15		8	23	Wednesday, 16 October 2024	2	Van / LGU Service Vehicle/Car	Julieta Mendoza	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
27	Angas ES	20		8	28	Wednesday, 16 October 2024	2	Van / LGU Service Vehicle/Car	Josephine Andojar	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
28	Buyabod ES	60		24	84	Thursday, 17 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
29	Manlibunan ES	14		9	23	Thursday, 17 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
30	Masaguisi National High School		20		20	Thursday, 17 October 2024	2	Van / LGU Service Vehicle/Car	Consuelo Rodriguez / Irene Grimaldo	Jarrance Narito	DR. MENCHI PONDEVIDA / CRIS QUIMORA
31	Masaguisi ES	13		12	25	Thursday, 17 October 2024	2	Van / LGU Service Vehicle/Car	Consuelo Rodriguez / Irene Grimaldo	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
32	Tawiran ES	22		12	34	Friday, 18 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA
33	Makapuyat NHS		224		224	Friday, 18 October 2024	2	Van / LGU Service Vehicle/Car	Noemi Macagba	Shenalyn Penascosas	DR. MENCHI PONDEVIDA / CRIS QUIMORA

Republic of the Philippines
Province of Marinduque
Municipality of Torrijos

No.	Name of Schools	Eligible				Date of vaccination	Number of session per month	Mode of Transportation(Motorcycle/car/boat/	Vaccinator's name	Social mobilizer Mobilizer	Supervisor
		Gr 1 (MR Td)	Gr 7 (MR Td)	Gr 4 Female (HPV)	TOTAL						
1	Bangwayin ES	6		7	13	16/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
2	Banukbok PS	5		4	9	18/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
3	Bayakbakin Elementary School	5		6	11	10/15/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
4	Bolo PS	6		3	9	24/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
5	Bonliw ES	24		11	35	16/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
6	Bonliw National High School		32		32	16/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
7	Buangan ES	28		15	43	16/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
8	Cabuyo ES	28		15	43	18/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
9	Cagpo ES	7		6	13	15/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
10	Dampulan ES	24		9	33	22/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
11	Kay Duke PS	6		5	11	15/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
12	Mabuhay PS	5		3	8	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
13	Makawayan ES	24		8	32	22/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
14	Malibago ES	61		27	88	24/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
15	Malibago National High School		98		98	24/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
16	Malinao ES	13		7	20	18/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
17	Maranlig ES	19		17	36	15/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
18	Maranlig National High School		70		70	15/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
19	Marlangga ES	26		20	46	22/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
20	Matuyatuya ES	24		13	37	22/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
21	Matuyatuya National High School		126		126	22/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
22	Nangka Elementary School	25		13	38	16/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
23	Pakaskasan ES	7		5	12	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
24	Payanas ES	14		4	18	15/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
25	Poctoy ES	16		10	26	17/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
26	Poctoy NHS		53		53	17/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
27	Sibuyao ES	36		24	60	17/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
28	Sibuyao NHS		80		80	17/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
29	Sinambahan PS	5		2	7	25/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
30	Suha ES	37		21	58	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
31	Talawan ES	12		3	15	25/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
32	Tigwi ES	51		32	83	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
33	Tigwi NHS		180		180	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
34	Torrijos CS	74		48	122	23/10/2024		VAN/ MOTORCYCLE		BHW	NURSE/DOCTOR
35					0						
36	total	588	639	338	1565						