Memorandum

TO: OIC, Asst. Schools Division Superintendent
OIC, Chief Curriculum and Implementation Division
Chief, School Governance and Operations Division
Public Schools Division Supervisors
School Heads, Elementary Level and Secondary Level
All Others Concerned

FROM: DR. ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

SUBJECT: ADVISORY ON THE CONTINUATION OF MEASLES VACCINATION and IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM (SBIP)

Date: June 10, 2019

In line with the Department of Health measles elimination and control measures, second dose of measles containing vaccine will be administered to all learners from Kindergarten to grade 7. Likewise, the regular SBIP will be implemented. For School Year 2019-2020, the continuation of measles outbreak vaccination and the regular SBIP will be conducted in June to September 2019.

In view hereof, it is requested that the attached advisory be immediately disseminated to the field in preparation for the said vaccinations.

For your guidance and compliance.
1. **Target Population**
   All learners from Kindergarten to Grade 7 for the school year 2019 – 2020 with zero (0) or one (1) dose of measles containing vaccine.

2. **Advocacy and distribution and retrieval of informed consent form**
   Teachers and school clinic staff shall inform learners and parents and on school based immunization in school, distribute and retrieve informed consent forms for measles containing vaccine and tetanus-diphtheria vaccination.

3. **Screening of Immunization status**
   Teachers and school clinic staff shall conduct screening for learners for their immunization status starting in June, 2019. This can be done by checking the Immunization card or the school health record.

4. **Masterlisting**
   Teachers and school clinic staff shall accomplish the master list of eligible learners for vaccination. All learners with zero (0) or one (1) dose of measles containing vaccine will be included in the masterlist of learners to be vaccinated on the scheduled dates of vaccination provided by the City/Rural Health Unit.

5. **Implementation**
   All grade 1 and 7 learners will receive 1 dose of tetanus-diphtheria vaccine regardless of immunization status. All Grade 4 female learners will receive 1 dose of Human papilloma virus vaccine. A separate Masterlist form for Grade 1, 4, and 7 will be provided.

   Implementation of SBI 2019 will be in June – September, 2019.
Minamahal naming mga magulang/tagapagpala,
Ang pamupublikong paaralan Elementarya at Sekundarya ay magkakaroon ng mga serbisyo pangkalusugan sa pagtutulungan ng Kagawaran ng Kalusugan (DOH) at ng Lokal ng Pamahalaan (LGU). Ito ay magsasagawa ng libreng pagbabakuna bilang dagdag na proteksyon (Booster) laban sa *Tigdas (Measles-Rubella), Tetano (Tetanus), at Dipterya (Diphtheria)* sa lahat ng mag-aaral na nasa ika-isa (Grade 1), ika-pitong (Grade 7) bata-tang kahit na ang edad na school year 2017-2018 at *HPV (bakuna laban sa cervical cancer)* para sa ika-apat (Grade 4) edad 9-13 taong gulang.

Kaunay nito, kami po ay humihindi ng "Xerox copy" ng immunization card/health card ng inyong mga anak upang malaman kung siya ay nabigyan na o hindi pa ng mga nabanggit na bakuna.

Listahan ng mga nabigay na bakuna:

<table>
<thead>
<tr>
<th>Baitang (Grade)</th>
<th>Bakuna</th>
<th>Petsa ng Unang Bakuna</th>
<th>Petsa ng Pangalawang Bakuna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade I</td>
<td>Measles Containing Virus (MCV) laban sa tigdas</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya</td>
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<td></td>
</tr>
<tr>
<td>Grade VII</td>
<td>Measles Containing Virus (MCV) laban sa tigdas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade IV (9-13 years old)</td>
<td>Human Papillomavirus Vaccine (HPV)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ang pahintulot ng magulang na ito ay ibinigay sa inyo upang humingi ng permiso para sa planong pagbabakuna na isasagawa sa __________________________. Para sa katanungan/kalinawan ukol dito, maaring makipag-ugnayan sa tanggapan ng Punong-guro.

**Lubos na Gumagalang,**

**Pangalan at Lagda ng Punong-guro**

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**PAGTANGGAP AT PAHINTULOT**

Ito po ay pagpapaturay na aming natanggap, nabasa at naunawalan ang mga impormasyon hinggil sa libreng serbisyo pangkalusugan na ibigay sa aking anak. Pakilagay ng tsek (/) ang patalang:

--- Oo, pinahihintulutan ko ang aking anak na mabigyan ng libreng bakuna ayon sa rekomendasyon ng DOH.
--- Hindi ko pinahihintulutan ang aking anak na mabigyan ng libreng bakuna ayon sa rekomendasyon ng DOH.

Dahilan: __________________________________________ (Halimbawa, may allergy sa bakuna, ililog, at iba pa)

**Pangalan at Lagda ng Punong-guro**