Republic of the Philippines
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
Cordillera Administrative Region

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February 14, 2019

DOH CHD CAR MEMORANDUM CIRCULAR
No. 2019 - 002

TO: **ALL LOCAL GOVERNMENT UNITS, CONCERNED GOVERNMENT AGENCIES, PROVINCIAL/ CITY DOH OFFICES, PROVINCIAL/ CITY HEALTH OFFICES, CHIEFS OF MEDICAL CENTERS, HOSPITALS, LOCAL BRANCHES OF SPECIALTY MEDICAL SOCIETIES, AND OTHERS CONCERNED IN THE CORDILLERA ADMINISTRATIVE REGION (CAR)**

SUBJECT: **Regional Operational Guidelines for the Conduct of Selective Mass Measles and Polio Vaccination for Targeted Population (adopted from DM 2019-0048 dated February 1, 2019) through "*Project Baby Come Back to Bakuna*" and the implementation of DCCMC 2019-001 entitled "Regional Operational Guidelines for the Conduct of Japanese Encephalitis Vaccine Mass Immunization Campaign (*Oplan Culex*)"**

I. BACKGROUND AND RATIONALE:

In January to December 2018, the Department of Health reported 21, 812 measles cases with 202 deaths in the country. Out of the total suspected cases, 70 % have not been immunized with measles and 29 % has unknown vaccination status. This proves that a significant susceptible population particularly children below 5 years of age are still unvaccinated, hence the risk of getting infected with measles. Moreover, due to the downward trend in the routine immunization for the past 5 years, the Independent Monitoring Board (IMB) for the Global Polio Eradication Initiative identified the Philippines as one of the countries at high risk for polio outbreak since 2010.

In the Cordillera Administrative Region, the Regional Epidemiology and Surveillance Unit reported 103 confirmed cases of measles last 2018. This year, 24 confirmed cases of measles were reported only from January 1- February 9, 2019. No deaths were reported, but with the upsurge of measles cases from nearby regions, it imposes a higher risk for the citizens to acquire the disease especially the vulnerable population. This is in relation to the documented decreasing trend in the number of fully immunized children for the past 7 years.

To immediately control the ongoing transmission and prevent wider measles outbreak, all Concerned are hereby ordered to conduct immunization for measles and polio and provide Vitamin A supplementation together with the Japanese Encephalitis Mass Immunization Campaign (*Oplan Culex*).

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II. SCOPE AND COVERAGE:

This Circular shall provide technical guidance to all Provincial/ City/ Municipal Immunization Program Coordinators, implementers, service providers, Department of Education regional and division offices and other immunization partners in the region.

III. PRIORITY TARGETS AND VACCINE ADMINISTRATION

A. Selective target community- based house-to-house vaccination

1. Measles- containing Vaccine

- ✓ *Target population* : **6- 59 months** (below 5 years old) **AND pre-school** (more than 5 years old but not in grade school) **children**
  - All who have **NOT** received **at least 2 doses** of measles-containing vaccine (MCV) will be given one (1) dose of MCV.
- ✓ *Route and Dosage:*
  - 0.5 ml given subcutaneously on the **LEFT** deltoid area
- ✓ *Vitamin A supplementation:*
  - Immunized children shall also be receiving Vitamin A supplementation with the following standard doses, given that they have **not received** the same supplementation within the **past 28 days:**
    - 6 months to 12 months: 100, 000 IU
    - 13 months to 59 months: 200, 000 IU
    - Pre-school children: 200,000 IU

2. Japanese Encephalitis Vaccine

- ✓ *Target Population* : **9- 59 months (below 5 years old) children**
  - ALL shall be given the appropriate immunization in line with the DCCMC 2019- 001 dated January 16, 2019
  - If it cannot be given simultaneously with MCV an **interval of 28 days** shall be observed if otherwise.
- ✓ *Route and Dosage*:
  - 0.5 ml given subcutaneously on the **RIGHT** deltoid area

3. Oral Polio Vaccine (OPV)

- ✓ *Target population :* **0- 59 months (below 5 years old) children**
  - All who have **not received at least 3 doses OPV** shall be given.
  - OPV can be safely given **together** with either or both Japanese Encephalitis Vaccine (DOH MC: 2019- 0018-A) and MCV.

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B. Selective Target School- Based Immunization in collaboration with Department of Education

- ✓ *Target Population:* Grade 1 to Grade 6 learners who have **NOT** received **at least 2 doses** of measles- containing vaccine (MCV) will be given one (1) dose of MCV based on the profiling list submitted by covered schools.
- ✓ *Route and Dosage*:
  - One (1) dose of MCV 0.5 ml given subcutaneously at the deltoid area.

C. Selective for All Above Target Age Group

- ✓ All adults who have not received at least 2 doses of measles- containing vaccine who wants to be vaccinated.
- ✓ *Route and Dosage*:
  - One (1) dose of MCV 0.5 ml given subcutaneously at the deltoid area.

IV. STRATEGIES

The following strategies shall be strictly implemented:

A. Analyze the measles immunization data in routine, Outbreak Response Immunization (ORI) and supplemental immunization activity (SIA) and prioritize barangays with high number of unvaccinated under- five children and barangays with high number of measles cases;
B. Prioritize the barangays/ districts with unvaccinated children in hard to reach or geographically isolated, urban poor and depressed areas;
C. Implement intra- campaign monitoring and supportive supervision at all levels to ensure that actual defaulters are reached by this campaign;
D. Conduct timely rapid coverage assessment and mop up vaccination in areas where many children were found missed; and
E. Ensure that all health facilities will achieve 95% vaccination coverage of the eligible children targeted for this campaign to effectively halt the measles transmission.

V. IMPLEMENTATION ARRANGEMENTS

A. Community-based and School- based

1. **CHD-CAR office:**
   a. The Regional Director shall be overall team leader.
   b. Shall assign dedicated teams to oversee and monitor the Intensified Measles Outbreak Immunization
   c. Shall coordinate with their respective Local Government Units (LGUs) to mobilize all available staff for this campaign.
   d. Shall coordinate with their respective hospitals to mobilize their Public Health Units or Health Emergency Response Teams to provide assistance to LGUs in the immunization campaign.

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e. Shall mobilize hired nurses and midwives under the Human Resource for Health (HRH) Deployment Program to provide assistance in the campaign.
f. Shall coordinate with all stakeholders (private and public) for needed assistance to this campaign.
g. Shall provide necessary logistics needed and augment the provincial/ city/ municipal health offices stocks as necessary

2. Provincial/City/Municipal Health Offices:

The Provincial/City/Municipal NIP Coordinators; Health Promotion, Communication or Information Officers & Implementers with the support of CHD CAR shall disseminate this information through, but not limited to partners meeting, information campaigns, community meetings, or assemblies to be conducted together with the Local Health Staff, health workers, parents, caregivers and the public.

3. Department of Education Regional and Schools Division Offices:

a. Department of Education Regional Office shall:

(i). Provide necessary support to ensure participation of concerned DepEd division offices and personnel in all activities with regards to the implementation of the campaign.

b. DepEd Schools Division Offices shall:

i. Ensure that all covered schools shall provide list of all learners who are eligible for vaccination based on the following selection criteria:
   - Grade 1 to Grade 6 learners who were **NOT vaccinated** with at least 2 doses of MCV since infancy.

ii. Submit the list of eligible learners who have signed consents to the Municipal Health Offices in their respective areas for scheduling of vaccination activity and allocation of logistics.
iii. Facilitate the signing of consent for parents/ guardians of the above eligible learners for vaccination.
iv. Give information to learners/parents/guardians and teachers on measles prevention

4. Referral/Hospitals

a. All hospitals shall have a dedicated staff to handle their isolation room for measles patients.
b. All health facilities shall observe infection control practices [1]
   i. Early and accurate case diagnosis in the clinic or emergency department

[1] *Shakoor,et.al. Hospital preparedness in community measles outbreak- challenges and recommendations for low resource settings. 2015*

ii. Prevention of transmission to other patients in the facility and healthcare workers
iii. Protection of healthcare workers and other hospital staff
iv. Prevention of spread to visitors

c. All hospitals shall establish measles fast lanes.
d. All hospitals shall manage Adverse Events Following Immunization (AEFI), shall alert the next higher level through the PIDSR reporting and notify the Provincial/ Municipal/ City Health Offices accordingly.

5. General Contraindications

(This applies to MCV. For JEV, please refer to DCCMC 2019- 001.)

a. Severe hypersensitivity reaction to any vaccine component, including gelatin.
b. Anaphylactic or anaphylactoid reactions to neomycin
c. Patients receiving immunosuppressive or cancer treatment
d. Individuals with blood dyscracias, leukemia, lymphomas or other malignant neoplasms affecting the bone marrow or lymphatic system
e. Primary and acquired immunodeficiency states
f. Individuals with a family history of congenital or hereditary immunodeficiency, until immune competence is demonstrated.

Note: *For OPV, the general contraindication is a known hypersensitivity to a previous dose.*

6. Adverse Events Following Immunizations[2]

a. The existing DOH guidelines, Administrative Order No. 2019-0006: Revised Guidelines on Surveillance and Response to Adverse Events Following Immunization (AEFI) shall be used for this purpose.
b. As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine occurs.
c. If AEFI surveillance data shows any significant increase in the AEFI rates, full investigation is needed. Likewise, any incidence of severe and serious reactions requiring medical intervention, such as anaphylaxis should be immediately reported and investigated.

7. Logistics

a. All Provincial/ City Health offices are tasked to submit a baseline or stock level to the CHD-CAR and make daily inventories of Measles-Containing Vaccine (MCV), bivalent Oral Polio Vaccine

[2] *Department of Health Memorandum Circular No. 2018- 0137: Guidelines in the Conduct of Ligtas Tigdas*

(bOPV), and Vitamin A stocks. Thereafter, submit report to CHD-CAR every Friday of the week.

b. All Provincial/ City Health offices are tasked to report and request from the CHD-CAR Supply Chain and Management Office if their vaccine stocks reach 25% or less.

8. Vaccine Preparation, Vaccination Safety, and Healthcare Waste Management

a. Vaccine Preparation

i. Measles- containing vaccines (Measles- Rubella and Measles, Mumps, Rubella) are live- attenuated vaccines. Measles- Rubella (MR) vaccine comes in a 10-dose vial and the Measles, Mumps and Rubella (MMR) vaccine comes in a 5- dose vial lyophilized powder requiring reconstitution with supplied diluent for subcutaneous injection.

ii. The oral polio vaccine (OPV) is a live attenuated virus vaccine which comes in 20- dose vial given as oral drops.

iii. For Japanese Encephalitis vaccine, please refer to DCCMC 2019-001.

iv. OPV, JEV, MR and MMR should be stored at +2 degrees Celsius to +8 degrees Celsius. The recommended temperature shall be maintained during storage, transport and immunization sessions.

b. Vaccination Safety

i. Follow the recommended schedule and the correct dosage, site and route of vaccination

ii. Always check the status of the vaccine vial monitor (VVM) and expiration date before opening a vaccine vial

iii. Use only auto- disabled syringe in all parenteral immunization sessions.

iv. Use of aspirating needles and pre- filling of syringes are strictly prohibited

v. No recapping of used needles.

c. Healthcare Waste Management

i. Immediately dispose used syringes and needles into the safety collector box.

ii. Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/ biological wastes

Note: *Final disposal of safety collector box/es with used needles and syringes should follow the DOH recommended disposal for hazardous wastes.*

9. Surveillance of Suspect Measles Cases

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a. All Provincial/ City Health Offices shall notify the Regional Epidemiology and Surveillance Unit (RESU) within 24 hours of suspect measles case.

10. Reporting

a. Document the children who were unvaccinated and reasons for missing them using standard form (Form 1).
b. In addition to the reporting mechanism for *Oplan Culex*, ensure weekly (Thursday) submission of coverage report using standard form (Form 2) to the next higher level.
c. Municipal and Province Health Office personnel to collect reports from the private health facilities within the catchment area and include in the reporting.

11. Communication and Advocacy

a. All public facilities and health facilities shall be provided with all information materials.
b. Wide dissemination of information is directed.
c. IEC materials in print shall be provided to all provinces/ city.

VI. Effectivity

This circular shall take effect immediately.

For your information and guidance.

AMELITA M. PANGILINAN, MD, MPH, CESO IV
OIC-Director IV

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 14, 2019

DEPARTMENT CIRCULAR
No. 2019 - 0051

TO: **ALL CENTERS FOR HEALTH DEVELOPMENT DIRECTORS, MEDICAL CENTER CHIEFS AND CHIEFS OF HOSPITAL, AND OTHERS CONCERNED**

SUBJECT: **Advisory on Measles Outbreak**

Measles is an acute viral respiratory illness characterized by fever and malaise (feeling of general discomfort), cough, coryza (runny nose), and conjunctivitis (red eyes), skin rashes lasting more than three (3) days. It is transferred from person to person by sneezing, coughing and close personal contact. Patients are considered to be contagious from four (4) days before to four (4) days after the rash appears.

In view of the ongoing measles outbreak and to prevent further transmission of measles, all the Centers for Health Developments (CHDs), DOH-ARMM, Local Government Units (LGUs), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), schools and other partners in the conduct of mass measles and polio vaccination campaign are hereby informed and reminded of the following guidelines:

I. PREVENTION AND CONTROL

A. Priority for Measles Vaccination

Community-based 6-59 months old children, and school-based kindergarten to Grade 6 pupils shall be prioritized in the vaccination of measles-containing vaccine especially the "missed" or "unvaccinated" individuals.

B. Inclusion of OPV in the campaign

The oral polio vaccine dose for 0-59 months old shall be provided during this campaign period. OPV dose at birth shall be designated as the "zero dose" followed by the routine primary series of 3 OPV doses and at least 1 IPV dose. This is consistent with the World Health Organization's recommendation for polio-endemic countries and those at high risk for importation and subsequent spread, which includes the Philippines as identified by the Independent Monitoring Board for Global Polio Eradication Initiative.

SIA-OPV 2019 shall be recorded in the "other vaccines" line of the Mother-Baby book.

C. Prevention of Measles Transmission

To prevent the transmission of measles in and among communities, the following precautionary measures shall be observed:

a. Obtain appropriate vaccination. *See Section I.A.*
b. Cover coughs and sneezes with tissue or forearm
c. Ensure proper disposal of tissue, especially if with nasal secretion
d. Stay at home when ill, or recently exposed to suspected measles case
e. Practice good hand hygiene
f. Avoid borrowing personal effects
g. Dedicate a room for confirmed cases, those that are exposed will also be under close watch preferably in separate room isolated from others

1. Prevention of Transmission in Social and Community Gatherings

Crowding can facilitate transmission of diseases. Organizers of events or social and community gatherings (e.g. social or religious functions, sports activities, concerts, conferences and meetings, as well as public transit) are advised to postpone or delay conduct of such activities until after the outbreak is declared controlled. If the event is inevitable or cannot be postponed, organizers are advised to inform participants of the risk for disease transmission and observe precautionary measures enumerated in *Section C* to minimize the spread of the disease.

2. Prevention of Transmission in School Settings

School teachers/officials shall implement the following critical measures:

a. Educate learners of the methods to minimize spread of the disease
b. Advice learners with flu like symptoms (fever and body malaise, cough, colds) to stay at home and observe for development of rashes in the next 3 – 4 days.
c. Advice learners with measles to remain isolated until 4 days after the appearance of rashes.
d. Promptly isolate suspected cases and refer student to the nearest facility/health center for proper case investigation.

School officials shall declare an outbreak **ONLY** upon validation of available data by the CHD regional director.

II. SUPPLY CHAIN AND LOGISTICS MANAGEMENT

A. Supply Chain

The Centers for Health Development (CHDs) shall utilize existing supply for routine immunization for the campaign. Vaccine supplies will be regularly replenished during the campaign period.

B. Handling and Storage of measles-containing vaccine (MCV)

All health workers shall ensure that MCV shall always be maintained at +2°C to +8°C at all levels at all times during distribution and storage and vaccination.

Improper handling of **MCV, such as exposure to over 8°C within one hour will decrease the potency of the vaccine by 50%. PRE-FILLED SYRINGES OF VACCINES ARE NOT ALLOWED**

III. MISCELLANEOUS PROVISIONS

A. All CHDs shall establish and activate their respective Incident Command System for Measles Outbreak in coordination with respective Regional Office of Civil Defense.

B. CHDs shall also coordinate and/or partner with stakeholders (e.g. Local Chief Executives, Development Partners, DepEd, DILG and other regional government offices/agencies) in the conduct of outbreak response.

C. LGUs are enjoined to extend working hours of their respective Urban Health Centers, Rural Health Units and/or Barangay Health Stations to ensure continuity of health services especially measles vaccination and/or management. Moreover, LGUs are urged to extend operating days to Saturdays and Sundays to pave way for weekend supplemental immunization activities.

By Authority of the Secretary of Health:

MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team

Annex 1

Integrated Management for Childhood Illness (IMCI).

1.1. Measles

Look for signs of symptoms	If with Measles
▪ Cough ▪ Runny nose ▪ Red eyes ▪ Fever ▪ Blotchy rash lasting for more than 3 days	▪ **Give Vitamin A** ▪

1.2. Pneumonia

Ask about main symptoms:	If with Pneumonia
Does the child have a cough or difficulty breathing? If yes. ▪ Count the breaths in one minute. ▪ Look for chest indrawing. ▪ Look and listen for stridor. ▪ Look and listen for wheeze If wheezing with either fast breathing or chest indrawing: ▪ Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify. **If the child is:** **Fast breathing is:** 2 months – 12 months 50 breaths per/min or more 12 months – 5 years 40 breaths per/ min or more	▪ **Give oral Amoxicillin for 5 days**** ▪ If wheezing (disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days)*** ▪ If chest indrawing in HIV exposed/infected child, give first dose of amoxicillin and refer, ▪ Soothe the throat and relieve the cough with safe remedy ▪ If coughing for more than 14 days or recurrent wheeze, refer for possible TB or asthma assessment ▪ Advise mother to return immediately ▪ Follow-up in 3 days If there are no signs of pneumonia or very severe disease ▪ If wheezing (or disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days*** ▪ Soothe the throat and relieve the cough with safe remedy ▪ If coughing for more than 14 days or recurrent wheezing, refer for possible TB or asthma assessment ▪ Advise mother to return immediately ▪ Follow-up in 5 days

***Oral Amoxicillin for 3 days could be used in patients with fast breathing but no chest indrawing in low HIV settings.*

****In settings where inhaled bronchodilator is not available, oral salbutamol may be tried but not recommended for treatment of severe acute wheeze.*

1.3. Diarrhea

Ask the mother if the child has Diarrhea	If Diarrhea is more than 14 days or more and no dehydration
If yes, ask: ▪ For how long? ▪ Is there a blood in the stool? Look and feel: ▪ Look at the child's general condition. Is the child: o Lethargic or unconscious? o Restless or irritable? ▪ Look for sunken eyes. ▪ Offer the child fluid. Is the child: o Not able to drink or drinking poorly? o Drinking eagerly, thirsty? ▪ Pinch the skin of the abdomen. Does it go back: o Very slowly (longer than 2 seconds)? o Slowly?	▪ Advise the mother on feeding a child who has PERSISTENT DIARRHEA ▪ Give multivitamins and minerals (including zinc) for 14 days ▪ Give Vitamin A ▪ Follow-up in 5 days If there is a blood in the stool ▪ Give ciprofloxacin for 3 days ▪ Follow-up in 3 days ▪ Advise mother when to return immediately

1.4. Malnutrition

Look for signs of Acute Malnutrition	Classify Nutritional Status
Look and feel: ▪ Look for edema of both feet + ++ +++ ▪ Determine WFH/L* _____ z-score. ▪ Measure MUAC** _____ mm in a child 6 months or older. If WFH/L less than -3 z-scores or MUAC less than 115 mm, then: ▪ Check for any medical complication present: o Any danger sign o Any severe classification o Pneumonia with chest indrawing ▪ If no medical complications present: o Child is 6 months or older, offer RUTF*** to eat. Is the child: - Not able to finish RUTF portion? - Able to finish RUTF portion?	If UNCOMPLICATED SEVERE ACUTE MALNUTRITION: ▪ Give oral antibiotics for 5 days ▪ Continue breastfeeding ▪ Give ready-to-use therapeutic food if available for a child aged 6 more or more ▪ Counsel the mother on how to feed the child ▪ Assess for possible TB infection ▪ Advise mother when to return immediately ▪ Follow-up in 7 days If MODERATE ACUTE MALNUTRITION ▪ Assess the child's feeding and counsel the mother on the feeding ▪ If feeding problem, follow up in 5 days ▪ Assess for possible TB infection ▪ Advise mother when to return immediately ▪ Follow up in 30 days If NO ACUTE MALNUTRITION ▪ If the child is less than 2 years old, assess the child's feeding and counsel the mother on feeding according to the feeding recommendations ▪ Give micronutrient **powder supplement** ▪ If feeding problem, follow up in 5 days

**WFH/L is Weight-for Height or Weight-for-Length determined by using the WHO growth standards charts.*
***MUAC is Mid-Upper Arm Circumference measured using MUAC tape in all children 6 months or older*
****RUTF is Ready-to-Use Therapeutic Food for conducting the appetite test and feeding children with severe acute malnutrition*