Republic of the Philippines
Department of Education
CARAGA REGION
J. Rosales Avenue, Butuan City,
Agusan del Norte, Philippines, 8600

March 4, 2019

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DATE: 05 MAR 2019
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Regional Memorandum
No. 109 **, s. 2019**

CONDUCT OF MEASLES, MUMPS AND RUBELLA (MMR) VACCINATION FOR TARGETED POPULATION

To: **All Schools Division Superintendents**
This Region

1. As of February 14, 2019, Caraga Region has a total number of 159 suspect measles cases. Hence, the Department of Health in partnership with Department of Education and Department of Social Welfare and Development will conduct a School Based Immunization (SBI) on measles, mumps and rubella starting February to March 2019.

2. In this connection, the Department of Health will provide one dose of measles, mumps and rubella (MMR) vaccine to all pre-school and grade 1 to grade 6 learners based on the herein attached copy of the DOH Department Memorandum "Conduct of Mixed Method: Non-Selective and Selective Mass Measles and Polio Vaccination for Targeted Population".

3. Immediate dissemination of this Memorandum is highly desired.

FRANCIS CESAR B. BRINGAS, CESO V
OIC – Regional Director

ESSD/mnl
3/4/2019

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 1, 2019

DEPARTMENT MEMORANDUM
No. 2019- 0048

TO : **ALL CHD DIRECTORS, HOSPITAL DIRECTORS, CENTRAL OFFICE DIRECTORS, REGIONAL SECRETARY OF ARMM, AND OTHER CONCERNED UNITS**

SUBJECT : **Conduct of Mixed Method: Non-selective and Selective Mass Measles and Polio Vaccination for Targeted Population**

In January to December 2018, there were 21,812 reported measles cases with 202 deaths. 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 at risk of getting infected with measles.

To immediately control the ongoing transmission and prevent a wider measles outbreak, all Centers for Health Development (CHDs) are hereby ordered to conduct **measles vaccination and Vitamin A supplementation from February to end of March 2019.**

I. PRIORITY TARGETS

A. Non-selective Target Community-based house-to-house vaccination

- ALL 6-59 months' children will be given one (1) dose measles-containing vaccine and Vitamin A supplement. However, children who already received at least 2 doses of measles-containing vaccine (MCV) shall NOT be vaccinated during this campaign.

B. Selective Target School-Based in collaboration with Department of Education and Department of Social Welfare and Development

- ALL "unvaccinated/incomplete" Grades 1 to 6 pupils and pre-school shall be vaccinated with one (1) dose of MCV
- ALL pupils should present proof of vaccination status to prove that the child has completed at least 2 doses of MCV

C. Selective for All above Target Age Group

- All "unvaccinated" adults who wants to be vaccinated shall be given one (1) dose of MCV.

II. STRATEGIES

The following strategies shall be strictly implemented:

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

III. IMPLEMENTATION ARRANGEMENTS

A. Services

I. Community-based and School-based

1. All CHD Directors shall be the overall team leader in each CHD.
2. All CHDs shall assign dedicated teams to oversee and monitor the Intensified Measles Outbreak Immunization.
3. All CHDs shall coordinate with their respective Local Government Units (LGUs) to mobilize all available staff for this campaign.
4. All CHDs 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.
5. All CHDs shall mobilize hired nurses under the Nurses' Deployment Program (NDP) to provide assistance in the campaign.
6. All CHDs shall coordinate with all stakeholders (private and public) for needed assistance to this campaign.

II. Referral/Hospitals

1. All hospitals shall dedicate staff to handle their isolation room for measles patients and always observe infection control practices.
2. All hospitals shall establish measles fast lanes.

B. Logistics

1. All CHDs are tasked to submit a baseline or stock level to the Central Office (CO) and make daily inventories of MCV and Vitamin A stocks. Thereafter, submit report to CO every Friday of the week.
2. All CHDs are tasked to report and request from the CO Supply Chain and Management Office if their vaccine stocks reach 25% or less.

C. Surveillance

1. A daily surveillance report shall be submitted by CHDs to the CO Epidemiology Bureau.
2. The Bureau of Quarantine (BOQ) shall continue screening incoming and outgoing travelers, and provide vaccination when needed.

D. Reporting

1. Document the children who were unvaccinated and reasons for missing them using standard form (Form1).
2. Ensure weekly (Monday of the following week) submission of coverage report using standard form (Form 2) to next higher level.

E. Communication and Advocacy

1. All public facilities and health facilities shall be provided with all information materials.
2. Wide dissemination of information is directed.
3. Frequently asked questions (FAQs) shall be provided to OPCEN to all CHDs and respond to all queries

F. Coordination

1. Coordinate with all concerned partners

Furthermore, all 0 months to 59 months old children shall also be given **Oral Polio Vaccine (OPV)** because the routine immunization coverage has been on a downward trend in the past 5 years. Since 2010, 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.

Mobilization Funds for all monitors, vaccinators, recorders, and guides will be provided.

For strict compliance.

By the Authority of the Secretary of Health:

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO IV
OIC-Undersecretary of Health
Public Health Services Team