



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 15, 1998

ADMINISTRATIVE ORDER

No. 19-A s. 1998

SUBJECT: Extension of the Ligtas Tigdas Campaign and provision of additional guidelines during the extension period

Pursuant to Presidential Proclamation No.4 dated July 29, 1998, which gives the DOH the leadership in the Philippine Measles Elimination Campaign, the following guidelines are hereby adopted.

The mass measles vaccination of children between 9 months to less than 15 years old in schools and communities is hereby extended from October 14, 1998 to November 30, 1998 in order to ensure that 100% of the target children are covered. It is recognized that several unforeseen circumstances caused delays in the activities especially typhoons that caused disruption of classes.

Everyone is commended for the job already completed especially vaccination in the public schools and in a significant number of private schools. However, since the remaining groups of children who still need to be vaccinated are those most difficult to reach, ie. students in the most conservative private schools and children in difficult circumstances (street children, children in labor, children in armed conflict) - social mobilization should be intensified and new strategies have to be adopted as follows:

1. The mass measles vaccination activity shall be called Ligtas Tigdas Campaign instead of Ligtas Tigdas "Month"
2. In schools where vaccination sessions have been conducted but student coverage is 80% or below, additional school-based vaccination rounds should be rescheduled to raise the coverage to 100%. Adequate social mobilization and IEC MUST be done before vaccination. This should include, among others, a meeting with school administrators, school physicians/ nurses, key faculty and parents; leaflets for parents through the pupils/students; and IEC for the students themselves.
3. In schools where vaccination coverage is above 80%, school-based vaccination or health center-based vaccination may be done to reach 100% coverage. Children who were not vaccinated because of refusal by the parent should bring home with them additional IEC. There is still confusion over the need to vaccinate children who already had prior vaccination or measles. If the pediatricians are the ones advising the parents to refuse, talk to the pediatrician, explain the campaign, provide reassurance and correct technical misconceptions.
4. When classes are cancelled due to typhoons or other causes, immediately re-schedule vaccination

at the first possible time.

5. In private schools where vaccination has not yet been conducted to date:

- * Send immediately the list of the schools with the following information to the Maternal and Child Health Service of the Department of Health (school administrator/directress/rector, address, telephone/FAX numbers), if Catholic the congregation managing the school, and the stated reason for not allowing vaccination

in the school). MCHS will facilitate sending of letter by the Secretary and can send MCHS staff to assist in discussions with school authorities.

- * Request the concerned local government executive to also write a letter to the school

- * Arrange for two orientation meetings: the first for the key school personnel and the second for the parents. Be sure the school administrators are already convinced before talking to the parents because the parents will get confused if the school authorities give a different message. Emphasize that the school need not have any responsibility for vaccinating or treating adverse events since these will all be provided for by the vaccinating team. They may, however, choose to assist the team. Provide enough copies of the School Information Guide.

- * Provide copies of the attached sample leaflet to all students (annex 1). The attached leaflet has been specially designed to answer the common questions asked by parents of children in private schools.

- * Offer several alternatives for the venue of the vaccination. If parents prefer to have their children vaccinated by their pediatrician, arrange for the pediatricians to have the vaccines. Alternately, you may be able to get a private hospital or the Pediatric Society Chapter to sponsor the vaccination in the particular private school. Attached is a copy of the Memorandum of Agreement with the Philippine Pediatric Society, annex 2.

6. For community-based vaccinations, 100% vaccination of preschoolers is high priority. If vaccination in private schools is lagging behind due to difficulties, vaccination of preschoolers should be completed before resuming vaccination in the difficult private schools. To do this, November 18, 1998, ASAP Day for this year, is also hereby declared Bulilit Measles Immunization Day or BMID and will now include measles immunization of children under 6 years old who have not yet been vaccinated since September 16. Social mobilization and IEC in the communities should be integrated. Vitamin A will also be given for children between 1 to 5 years old.

7. Other special approaches are necessary especially in congested urban poor communities where street children are mobile and where working children may be hidden in factories or homes. In the National Capital Region (NCR), food especially soup, is being provided before or after vaccination to attract street children. Non—government agencies have been mobilized to sponsor this “soup kitchen” approach.

8. For areas with peace and order problems, special dialogues are being conducted by UNICEF. Please remember that the children in these areas will need multiple antigen since they may have not been covered by routine vaccination. Doctors to the Barrios should ensure that all the children in their areas receive their vaccinations. Mountain climbers, missionaries and other NGOs should be tapped for this activity. Please facilitate provision of all essential logistics. To meet the deadline for completion of vaccination, DOH Regional staff should facilitate identification and mobilization of all resources.

9. On power failures and blackouts, remind cold chain managers and field implementers that the

measles vaccine is stable at room temperature for about one week. Thus, vaccines which have been exposed to 37°C for 5 days or less can still be refrigerated again and used for vaccination. Only vaccines which have been exposed to high temperatures above 37°C or for a period longer than 5 days should be discarded. During power failure, make sure the vaccines are transported and stored to the nearest facility with generators.

10. Use only the diluent provided for the specific vaccine preparation. As much as possible, avoid using commercial distilled water. Also, strictly follow the guidelines on using ALL diluent regardless of the volume in the diluent vial. Some suppliers have allowances for additional vaccine doses.

11. On the incineration of used needles and syringes, other private facilities may be tapped aside from government hospitals. The NCR, for instance, was able to tap the Manila Memorial Park.

12. There are additional funds available for sub-allocation for social mobilization, evaluation, surveillance and other PMEC activities. The DOE Regional Immunization Officers should request MCHS for additional funds through their Health Directors as soon as possible.

13. Provincial, City, District and Municipal level staff should monitor problems weekly, especially schools or communities that are lagging behind. Coverage reports may not be readily available but problems should be immediately identified and solved. Especially look out for big, private schools, street children, children hidden in factories, evacuation areas, and peace and order areas.

14. As predicted, concern over adverse events following immunization has died down following more experience with the campaign. However, please ensure that the necessary precautions are sustained and that the reported AEFIs are consolidated for reporting.

15. Documentation of all activities should continue. Photos, videos and reports should be collected and eventually sent to the MCHS in order to document the good performing areas and the personnel who deserve commendation after the campaign.

The Ligtas Tigdas Campaign has been extended but activities should be completed as soon as possible to prevent the expected rise of cases starting December. When measles cases start rising, it is no longer advisable to conduct mass vaccinations.

For immediate compliance.

ALBERTO G. ROMUALDEZ, JR., M.D.
Secretary of Health