



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

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**DEPARTMENT CIRCULAR**

No. 2022- 0131

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, AND INSTITUTES; PRIVATE SECTOR PARTNERS; AND OTHERS CONCERNED**

**SUBJECT: Interim Operational Guidelines on the Implementation of Vaccination Activities during the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV (March to Vaccinate: Bringing COVID-19 Vaccines Closer to Homes, Communities, and Workplaces) on March 10-12, 2022**

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**I. RATIONALE**

The *Bayanihan, Bakunahan* National COVID-19 Vaccination Days (NVD), an initiative under the National COVID-19 Vaccine Deployment and Vaccination Program, has served to facilitate the rapid mobilization of vaccination services with its three previous nationwide implementations. Fostering the solidarity of the Filipinos' *Bayanihan Spirit*, the National Government together with Local Government Units (LGUs), Non-Governmental Organizations (NGOs), Philippine Medical Association (PMA), allied Medical Groups/Societies, private sector, churches/ faith-based organizations and the rest of our stakeholders were united in the provision of COVID-19 vaccines to the population. In a whole-of-government, whole-of-society approach, more and more individuals, families, and communities are now protected from severe disease and death, as our country gears towards the recovery phase of its pandemic response.

To follow through the successes of previous iterations of *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, the National Government plans to conduct the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV on 10-12 March 2022.

In view of the foregoing, the Department of Health provides the interim operational guidelines on the implementation of Vaccination Activities during the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV.

## II. IMPLEMENTING GUIDELINES

### A. Vaccination Rollout

1. In reference to the Department of Health's (DOH) Department Circular 2021-0539, otherwise known as "*Interim Operational Guidelines on the Implementation of Vaccination Activities during the Bayanihan, Bakunahan National COVID-19 Vaccination Days on November 29 – December 1, 2021*", all relevant operational directives shall be applied in the rollout of the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV.
2. The National Government aims to:
  - a. Prioritize administration of COVID-19 vaccines to individuals with due second (2nd) doses and missed doses;
  - b. Identify and vaccinate remaining Priority Group A2: Senior Citizens;
  - c. Vaccinate the remaining 12-17 years old population;
  - d. Provide due booster doses, especially those in the health and economic sector;
  - e. Implement the campaign with operational efficiency ensuring that all eligible and willing individuals shall be inoculated with COVID-19 vaccines. Vaccination teams may open a vial/ ampule to accommodate even a single COVID-19 vaccine recipient because immune protection of every individual from SARS-CoV2 infection is of prime importance.
3. The vaccination rollout during the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV shall focus on bringing the vaccination services nearer to homes, communities and workplaces. Therefore, all LGUs are directed to determine vaccination strategies that will fit into the current vaccination phase of the locality making the interventions more contextualized to its present needs and gaps.
  - a. The LGUs are instructed to do:
    - i. Granular analysis of data and vaccination coverages per catchment area or barangay. LVOCs are directed to closely monitor the number of allocated and near- expiry COVID-19 vaccines of at least 21 days. Strategic planning shall be done to ensure that these vaccines are utilized before the expiry dates.
    - ii. Mapping of areas in the LGU with low coverages
    - iii. Microplanning
    - iv. Utilization of various vaccination strategies, to include deployment of more mobile vaccination teams and establishment of more temporary posts

- v. Conduct of intensive social mobilization and community engagement activities.

## **B. Eligible Population**

1. All individuals 12 years old and above are eligible for the administration of primary dose series during the three-day campaign; to include identification and vaccination of individuals for completion of the primary dose series or with missed doses.
2. Individuals 18 years old and above are eligible for the administration of booster/additional doses as stipulated in the DOH Department Memorandum No. 2021-0492-A or the “*Amendment to Department Memorandum No. 2021-0492: Interim Guidelines on the Administration and Management of COVID-19 Vaccine Booster/Additional Doses to Priority Group A2: Senior Citizens ages 60 years old and above and Priority Group A3: Adults with Comorbidities to Include Provision of Booster/Additional Doses for All Individuals 18 Years Old and Above,*” Department Memorandum No. 2021-0492-B, otherwise known as “*Further Amendment to Department Memorandum No. 2021- 0492: Interim Guidelines on the Administration and Management of COVID-19 Vaccine Booster/Additional Doses to Priority Group A2: Senior Citizens ages 60 years old and above and Priority Group A3: Adults with Comorbidities to Include Provision of Booster/Additional Doses for All Individuals 18 Years Old and Above* and NVOC Advisory No. 113, titled, “*Reiteration on the Guidelines on the Administration of Booster/Additional Doses to All Individuals 18 Years Old and Above*”, are allowed, *Provided That*, the recommended intervals between the completion of primary dose series and the booster/additional doses are complied with.
3. Children ages 5-11 years old can be vaccinated as well, supply permitting in respective LGUs and vaccination sites.

## **C. Vaccination Strategies**

### **1. LGU Pre-vaccination Activity: Preparation of Service Delivery (Bringing COVID-19 Vaccination closer to homes, communities and workplaces)**

All Local Government Units (LGUs) shall implement the following strategies prior to the conduct of *Bayanihan, Bakunahan* National Vaccination Days, Part IV:

- a. Determine which catchment area or barangay in your community have high numbers of:
  - i. Individuals due 2nd doses and missed 2nd doses
  - ii. A2 and 12-17 years old still to be vaccinated

- iii. Individuals due for booster doses (especially Priority Groups A1: Workers in Essential Health Services, A4: Essential Economic Workers, and A5: Poor Population).
- b. Deploy more vaccination teams to these identified areas, to include volunteers from medical societies, civil society organizations, private sectors, faith-based organizations;
- c. Form more vaccination teams for mobile vaccination and temporary post-vaccination;
- d. Maximize the number of health professionals and non-health professionals to at least three (3) individuals per vaccination team;
- e. Provide daily quota per vaccination team based on the target per barangay or catchment area;
- f. Implementation of vaccination site strategies including the establishment of temporary posts in barangays and deployment of mobile vaccination teams/bus/caravans especially in remote or Geographically Isolated and Disadvantaged Areas (GIDA).
- g. Conduct of *suyod* activities where the barangays are encouraged to perform house-to-house activities to determine the remaining unvaccinated in the areas. After determination, the constituents shall be scheduled for vaccination.
- h. Assist all individuals for COVID-19 vaccine inoculation in the vaccination sites. Walk-ins or any individual requiring vaccination shall be administered with the needed dose before he/she leaves the vaccination site. **ALL POTENTIAL VACCINEES SHALL BE ACCOMMODATED FOR COVID-19 VACCINATION.** The LGUs shall facilitate the immediate registration of walk-in individuals based on the registration processes of the LGU.
- i. Utilize the resources of the Armed Forces of the Philippines (AFP), Philippine National Police (PNP), Bureau of Penology and Jail Management (BJMP), and Bureau of Fire Protection (BFP) in the deployment of vaccination teams and logistics in remote areas or in GIDA.
- j. Implement the “No Wrong Door” policy in all vaccination sites. Vaccine recipients may receive their primary dose series or booster/additional doses in the nearest vaccination site without any impediment. Recipients of a second or booster/additional dose should provide their vaccination card together with a valid ID.

- k. The NVOC, RVOCs, and LVOCs shall coordinate with medical, nursing, and allied health societies and their component societies/chapters, and private sector partners to mobilize health human resources as volunteers to augment the health human resource for vaccination.
- l. The DOH shall mobilize healthcare workers in the country and encourage participation during the three-day campaign, including public, private, and self-employed healthcare workers.
- m. Allow ecozones, industrial parks, companies to utilize its own health professionals under their respective occupational health and safety services (clinics) in the conduct of vaccination activities.
- n. Allow the offices of government agencies to utilize their own health professional under their respective occupational health and safety services (clinics) or employees' health service in the conduct of vaccination activities.
- o. Allow private medical clinics to integrate COVID-19 vaccination services with the existing medical services that they provide.
- p. Utilize the capacity of universities/colleges/school clinics in the administration of COVID-19 vaccines to vaccinate primary dose series and/or booster/additional doses to faculty members and students.
- q. Utilize the capacity of medical and nursing schools in vaccinating communities.
- r. Endeavor to continuously assess possible barriers to vaccination and develop interventions to facilitate vaccination activities.

**2. *LGU Pre-vaccination Activity: Intensifying Social Mobilization and Community Engagement Activities***

The RVOCs, in partnership with the LVOCs, shall conduct and facilitate the following:

- a. Conduct social preparation to the identified priority population groups before the campaign;
- b. Involve barangay officials in the conduct of social preparation activities prior to the campaign;
- c. Enjoin doctors and health professionals to participate in the social preparation and in the conduct of dialogues with the identified priority population groups;

- d. Address barriers to vaccination based on the reasons of hesitancy in your community;
- e. Mobilize the municipality and barangay Office of the Senior Citizen Affairs (OSCA) and Barangay Health Workers (BHWs) in identifying and verifying zero dose Priority Group A2: Senior Citizens;
- f. Provide individualized materials in workplaces, such as pamphlets, leaflets, and flyers;
- g. Place appropriate materials such as tarpaulins or posters in markets, terminals, sari-sari stores, workplaces, or etc.;
- h. Conduct of town halls to employees and dialogues with Human Resource Officials in workplaces;

**D. Reminders on the Utilization of COVID-19 Vaccines**

1. All LGUs are directed to accommodate all vaccine recipients for inoculation of COVID-19 vaccines in the vaccination sites. A vial can be opened if a vaccine recipient (at least one) is willing to be inoculated with the vaccine. The vaccination team may look or wait for other vaccine recipients willing to receive the remaining doses for vaccines within the applicable time of storage for open multi-dose vial or until closing time of vaccination site whichever comes first.
2. ALL vaccines can be utilized in the administration of primary doses series or booster/additional doses as stipulated in DOH policies and guidelines, supply permitting.
3. Availability of appropriate ancillaries for each type of COVID-19 vaccines shall be ensured.

**E. Support to and Safety of Volunteers**

1. All volunteers shall be provided with appropriate Personal Protective Equipment (PPE) by the LGU/ LVOC.
2. The vaccination team shall conduct an orientation and post-activity meeting after the vaccination activity.
3. A completely filled out health declaration form shall be accomplished upon entry at the vaccination site. If the volunteer manifests any signs and symptoms of COVID-19 infection, he/she shall be referred to the BHERTs.

4. Health safety standards shall be strictly observed by the volunteers during their tour of volunteer work.
5. In cases where the volunteer contracts COVID-19, the LGU/ LVOC shall ensure and facilitate treatment and/or isolation of the volunteer.
  - a. If hospitalized, the volunteer shall be covered by PhilHealth. Any additional expenses shall be shouldered by the LGU/ LVOC.
  - b. The volunteer may be admitted to a government hospital or a private hospital with an existing Memorandum of Agreement (MOA) with the Center for Health Development (CHD).
  - c. For those not needing hospitalization, the LGU/LVOC shall ensure proper coordination with a quarantine facility.
6. The LGUs/LVOCs, in coordination with partners, societies, and organizations, may provide transportation, meals, and snacks to volunteers during the three-day campaign.

#### **F. Streamlined Vaccination Process**

1. ALL LGUs are hereby instructed to simplify the processes in the vaccination sites (fixed sites and mobile/ house to house vaccination strategy). The following directives are being reiterated:
  - a. Waiting Area**
    - i. Ensure that there is enough, well-ventilated space in order to comply with the minimum public health standards at all times.
    - ii. Provide the informed consent form (hard copy or digital) to be filled out by the vaccine recipients while waiting.
    - iii. Ensure that vaccine recipients are comfortable while waiting. Provide chairs, especially to the Senior Citizens and those with comorbidities.
  - b. Registration Area**
    - i. Ask the vaccine recipient for the following documents **ONLY**:
      1. **Vaccine recipients requiring primary dose series: first or single dose**
        - a. Any valid identification card
        - b. Medical certificate for immunocompromised A3, pregnant women in their first trimester, and Pediatric A3

- c. Additional documents for the ROPP and Pediatric A3, as stipulated under DOH DC 2021-0464 and DOH DC 2021-0483.

**2. Vaccine recipients requiring primary dose series: second dose**

- a. Any valid identification card
- b. Vaccination card with information on the received first dose of COVID-19 vaccine

**3. Vaccine recipients requiring booster/additional doses:**

- a. Original vaccination card showing the completion of the second dose for a 2-dose vaccine series and one dose for Ad26.COV2.s (Janssen) and Sputnik Light COVID-19 vaccines.
- b. Any valid identification card
- c. Medical Certificate for Priority Group A3: Individuals with Comorbidities in immunocompromised state.

- ii. Except for the informed consent form and/or the health screening/declaration form for second and booster doses (which can be filled out while the vaccine recipient is waiting), **no additional form** shall be required to be filled out in the registration area.
- iii. Deploy additional (at least two to four) non-health personnel to provide assistance in the registration area and facilitate the vaccination process
- iv. Provide a larger area/ space to avoid overcrowding and congestion during the registration process.
- v. The encoding of the vaccine recipient's information shall be facilitated in the post-vaccination monitoring area.

**c. Health Education, Health Screening and Informed Consent Area:**

- i. The health education and informed consent step can be integrated with other steps to streamline the processes in the vaccination site.
- ii. Provide health education/information materials in any area of the vaccination site, especially in the waiting area and post-vaccination monitoring area.
- iii. Ensure that a health educator is available at all times to provide vaccine recipients with the necessary information and to answer any questions.
- iv. The informed consent may be signed in the registration area or in the health screening area, after health education.

- v. Utilize the health screening and declaration forms, as appropriate.
- vi. If there is a shortage of medical doctors as health screeners, trained nurses may perform health screening in lieu of a medical doctor.
- vii. The signing of another informed consent shall not be required for the administration of the second dose of a two-dose series.
- viii. For the administration of second dose and booster doses, the vaccine recipient may be screened prior to the vaccination proper. There are two ways in which the vaccine recipient shall be screened:
  - 1. LGU facilitated health screening- The City Health Offices/ Rural Health Units and Barangay Health Stations can conduct the health screening assessment prior to the vaccination schedule.
  - 2. Self-health assessment - The vaccine recipient can utilize and answer the health screening/declaration form on or before the vaccination schedule.

**d. Vaccine Administration Area:**

**i. For the administration of first doses:**

- 1. Thoroughly review the informed consent, health screening, and declaration forms. Ensure that the mentioned forms are properly signed.
- 2. Administer the vaccine using the correct technique.
- 3. Record the vaccine administration and other pertinent information in the vaccination card.

**ii. For the administration of second doses or booster/additional doses:**

- 1. For second and booster doses, the vaccinator shall review the informed consent form and make sure that it is properly signed.
- 2. For second and booster doses, the vaccinator shall review thoroughly the health screening form and the eligibility of the vaccine recipient. If the vaccine recipient is not eligible, defer the vaccination and provide an appropriate schedule or refer to the appropriate vaccination site.
- 3. Review the information on the vaccination card. Determine the date and the vaccine brand of the first dose administered. Calculate the dose interval.
- 4. Determine the vaccine to be given.
- 5. Administer the vaccine using the correct technique.

6. Record the vaccine administered and other pertinent information in the vaccination card.

**e. Post-Vaccination Monitoring Area:**

- i. Check the contents of the AEFI Kit. Ensure completeness of the kit.
- ii. Observe the vaccine recipient for any Adverse Event Following Immunization (AEFI).
- iii. Give the following information to the vaccine recipient:
  1. Referral hospital/facility and contact details
  2. Signs and symptoms to watch for
  3. Instructions and steps on how to seek clinical care and report AEFI events
- iv. Ensure that the vaccine recipient is essentially well before leaving the vaccination site
- v. Provide appropriate intervention to manage AEFI.
- vi. Encode all information of the vaccine recipients (by the encoder) based on the data requirements.

**G. Reminders on Daily Data Reporting**

1. On the submission of vaccination accomplishment (“Quick Count”), the LGU shall submit the end-of-day report before 5 AM the following day. The NVOC and RVOCs shall monitor the accomplishment of each LGU on a daily basis. Likewise, the DILG shall monitor the performance of the LGUs and compliance of the LGUs on a daily basis. The submission shall be through the Vaccine Operations Reporting System (VORS).
2. On Line List submission, the LGUs are reminded to submit the line list 24 hours after the vaccination activity.
3. The LGUs can use line list encoding tools for faster and accurate recording of the vaccination events, e. g. DVAS-M (NVOC Advisory No. 116, Use of DICT Mobile Vaccination Administration System).

For dissemination and strict compliance.

By Authority of the Secretary of Health:

  
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