



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 31, 2021

DEPARTMENT MEMORANDUM

No. 2021- 0259

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; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS, AND OTHERS CONCERNED

SUBJECT : Implementing Guidelines for Priority Groups A4, A5 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines

I. RATIONALE

On February 23, 2021, the Department of Health (DOH) issued Department Memorandum (DM) No. 2021 - 0099, otherwise known as, "*Interim Omnibus Guidelines of the Implementation of the National Vaccine Deployment Plan for COVID-19,*" which provided additional guidance on the COVID - 19 vaccine deployment and administration, and outlined the priority groups for the COVID-19 immunization. Succeeding policies were also issued to provide further clarification on the ongoing implementation of the National Deployment and Vaccination Plan for COVID-19 Vaccines (Department Circular No. 2021-0101, DM No. 2021-0157, DM No. 2021-0175, DM 2021- 0203).

In accordance with the National Economic and Development Authority (NEDA) recommendations on the eligible population A4 Priority Groups, which was approved in the Inter - Agency Task Force (IATF) for the Management of Emerging Infectious Diseases Resolution No. 117, these implementing guidelines are hereby issued to provide directions for the inoculation of Priority Group A4, namely the frontline personnel in essential sectors, both public and private, including uniformed personnel. Additionally, these subsequent provisions shall likewise provide technical guidance on the COVID - 19 vaccine inoculation of Priority Group A5.

II. GENERAL GUIDELINES

- A. With the guidance of World Health Organization Strategic Advisory Group of Experts on Immunization (WHO SAGE) Prioritization Framework and due to the competing global demand for COVID-19 vaccines, it is appropriate to adopt a phased implementation approach for the National Vaccine Deployment Program, following the objectives of ensuring reduction of mortality from COVID-19 and preserving health system capacities, and strategically aligning the demand of priority populations with the expected vaccine supply.
- B. The National Vaccination Operations Center (NVOC), through the Supply Chain and Management Service (SCMS), shall continually inform the Public Health Services Team (PHST) of possible vaccine deliveries as a result of government negotiations and multi-party agreements led by the private sector with vaccine manufacturers.
- C. The National Economic Development Authority (NEDA), as chair of the National Task Force - Recovery Cluster, shall determine and prioritize the different sectors categorized as Group A4 in the National Vaccine and Deployment Plan (NVDP). Priority Group A4 shall include private sector workers required to be physically present at their designated workplace outside of their residences; employees in government agencies and instrumentalities, including government-owned and controlled corporations and local government units; and informal sector workers and self-employed who may be required to work outside their residences, and those working in private households. The National Immunization Technical Advisory Group (NITAG) shall recommend the priority geographic areas for A4 vaccination.
- D. National Capital Region (NCR) along with the 8 other provinces such as Bulacan, Pampanga, Cavite, Laguna, Batangas, Rizal, Metro Cebu and Metro Davao are identified as areas with high burden of disease and loci of economic activities. Workers in these areas (NCR +8) who need to physically report, outside their homes, are at high risk of contracting COVID-19.
- E. Simultaneous vaccination of eligible Priority Groups shall be implemented in accordance with resolutions from the Interagency Task Force for Infectious and Emerging Diseases (IATF-EID) and adequacy of vaccine supplies from multi party agreements and foreign donations and their respective specific provisions.
- F. LGUs shall revisit their microplans, include provisions on the adherence to utilization of latest versions of the Vaccine Information Management System (VIMS) and reiteration on strengthening partnerships with private sector entities.
- G. Off-site or non-health facility based sites (e.g. schools, gymnasiums, treatment hubs, etc.) that fulfill guidelines set in the DM No. 2021-0116, otherwise known as, "Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites," and subsequent guidelines shall be allowed to operate as vaccination sites, provided they are linked to a licensed health facility (such as a public or private hospital or rural health units). The licensed health facility shall assist in ensuring the readiness of vaccination sites, including the management of Adverse Events Following Immunization (AEFI). Larger vaccination sites that allow for efficient and safe vaccination operations and compliance to minimum health standards are also preferred.

III. IMPLEMENTING GUIDELINES

A. Eligibility of Priority Group A4

1. As determined by the Recovery Cluster and approved at the IATF-EID, Priority Group A4 shall include workers in the private and public/government sectors and the informal (including self-employed and working in private households) sector fulfilling two main criteria:
 - a. Individuals who are physically reporting to the workplace; or
 - b. Individuals who are currently deployed or assigned to perform field work.

2. The distribution and administration of vaccines to Priority Group A4 shall be divided into two phases to give priority to areas that are prone to resurgence of COVID-19 cases, depending on the supply of vaccines.
 - a. Phase 1 shall cover the deployment of vaccination for those eligible under the A4 priority group in areas within the NCR+8. At the same time, areas outside NCR+8 would have to continue deployment of vaccines among the A1 to A3 priority groups.
 - b. Phase 2 shall cover those eligible under the A4 priority group in the rest of the country.

Priority Group	Description based on the nature of work
Phase 1: A4 workers in NCR+8	
A4.1	Private sector workers who work outside their homes
A4.2	Employees in government agencies and instrumentalities, including government-owned or controlled corporations (GOCCs) and local government units
A4.3	Informal sector workers and self-employed who work outside their homes and those working in private households
Phase 2: A4 workers outside NCR+8	
A4.1	Private sector workers who work outside their homes
A4.2	Employees in government agencies and instrumentalities, including government-owned or controlled corporations (GOCCs) and local government units
A4.3	Informal sector workers and self-employed who work outside their homes and those working in private households

3. The vaccination shall proceed in accordance with the National Vaccination and Deployment Plan and shall be instituted simultaneously and non-sequentially across A4 priority groups. In situations where there is a limited supply of COVID-19 vaccines, priority may be given to eligible Priority Group A4 workers within 40-59 years old, then to those 18-39 years old.

B. Eligibility of Priority Groups A5

1. Priority Groups A5 shall include the following:

Priority Group	Description
A5	Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) or other verification mechanisms of the local government not otherwise included in the preceding categories

2. LGUs shall coordinate with the Department of Social Welfare and Development Field Offices for the list of poor populations from NHTS-PR as part of Priority Group A5.
3. Additional poor populations identified and validated by LGUs shall also be eligible under Priority Group A5. The LGUs shall be accountable for ensuring appropriateness of their constituents to the priority group criteria.
4. In situations where there is a limited supply of COVID- 19 vaccines, priority may be given to eligible Filipinos within 40-59 years old, then to those 18-39 years old.

C. Master listing for Priority Groups A4 and A5

1. Eligible vaccine recipients under Priority Groups A4 and A5 shall be identified through a line list according to their place of residence or place of work. All establishments, agencies and organizations (EAO), whether private or public, shall submit the necessary information to their respective local government units (LGU) in compliance with the minimum requirements as set by the Department of Information and Communications Technology (DICT); subject to the Data Privacy Act of 2012.
2. The EAOs shall determine who amongst their personnel are included in the priority groups based on the criteria. For the informal sector, the local government units shall ascertain the eligibility of their constituents.
3. The EAOs shall conduct vaccination of eligible workers in coordination with their respective LGUs across all engagements and partnerships for the COVID-19 vaccine deployment program. EAOs and LGUs shall jointly implement the following:
 - a. Disseminate information about eligibility, registration, and vaccination day processes;
 - b. Organize vaccination in offices or workplaces as an offsite vaccination site, provided they have met requirements for a vaccination site as assessed by the regional or local vaccine operations center;
 - c. Conduct vaccination at current designated vaccination sites of the LGU;
 - d. Submit completed information of eligible vaccine recipients to the LGU for scheduling and masterlisting;
 - e. Schedule vaccination of eligible workers, registration for vaccine appointment, and
 - f. Provide logistics support for vaccination such as facilitated transportation to and from work and the vaccination sites.

4. The City/Municipal Local Government Units (LGU) shall be responsible in coming up with a masterlist for Priority Groups A4 and A5 within their jurisdiction.
5. Upon the advice of the National Government, the LGU shall inform the EAOs operating within their jurisdiction of the commencement of and procedures for the registration of their eligible workers. Meanwhile, the LGU shall be responsible for facilitating the registration of eligible workers in the informal sector (e.g. small food stalls, sari-sari stores).
6. The EAOs may provide proofs of eligibility under the appropriate groups such as but not limited to Company ID, contracts or permits, certificates of eligibility (e.g. employment, deployment, assignment) to their specific workers/personnel who belong to these priority subgroups, or any proof of occupation such as business permits or community tax certificates. Outbound Overseas Filipino Workers for deployment within the next four months as reclassified as A1 through IATF Resolution 117 may show proof of deployment issued by the manning agencies or latest verified employment contract. LGUs are advised to facilitate registration and appointment of private sector workers, informal sector workers and self-employed.
7. The LGUs shall register and verify eligible vaccine recipients under Priority Group A5 or Poor population based on the National Household Targeting System for Poverty Reduction (NHTS-PR) or other verification mechanisms of the local government, not otherwise included in the preceding categories.
8. All LGUs shall ensure appropriate reach of calls for registrations of the Priority Groups through both electronic and manual means. LGUs shall continuously assess and act on identified barriers for vaccination of Priority Groups such as but not limited to lack of information, lack of internet connectivity, appropriate transportation to the vaccination site, etc.
9. To be included in the Vaccine Information Management System and ease of generating vaccine cards, all local government units are mandated to adopt and utilize the Department of Information and Communications Technology Vaccine Administration System (D-VAS). LGUs may implement this in phases as determined by the DICT. The adoption and use of D-VAS is without prejudice to the use of the LGU's own local database system as a supplementary system.

D. Vaccination Scheduling and Administration for Priority Groups A4 and A5

1. The LGUs shall establish a vaccination appointment system via manual platform and online platforms for Priority Groups A4 and A5 indicating vaccination sites, date and time slots, and available slots (preferably with real-time updating).
2. The EAOs are advised to adopt alternative work arrangements for their workers taking into consideration necessary time outside the office for vaccination and possible adverse effects following immunization. Workers shall register for the appointment with the advised schedule of their employer.

3. The LGUs shall provide the registered eligible vaccine recipient a confirmation notice of their vaccination schedule with the following additional information:
 - a. Schedule data, time, and vaccination site
 - b. Necessary documents (i.e. proofs of eligibility) and options
 - c. Medical clearance from either their specialist or attending physician if vaccine recipients have autoimmune disease, HIV, cancer or malignancy, underwent organ transplant, undergoing steroid treatment, or with poor prognosis and bedridden
 - d. Reminder to bring face mask and shield, alcohol, identification, and ballpen
 - e. Any other reminders relevant prior to vaccination
4. Vaccination sites shall develop their Quick Substitution List (QSL) including specific priority groups approved by the IATF-EID for simultaneous vaccination. DM 2021-0099 is amended to allow eligible walk-in vaccine recipients as part of QSL.
5. Vaccines from the COVAX Facility shall continue to be used only for the A1, A2, A3 and A5 categories to ensure equitable access to vaccines especially among the most vulnerable and poorest populations. Vaccines procured by the National Government, the Local Government Units and private sector companies and organizations through the tripartite agreements allowed under Republic Act 11525 and its Implementing Rules and Regulations shall be used for the vaccination of the A4 Priority Group.

E. Prioritization of priority Groups A1 to A3 during Simultaneous Implementation of the COVID-19 Vaccine Deployment Program

1. The LGUs and vaccination sites shall be required to establish mechanisms to prioritize Priority Groups A1, A2, and A3 to ensure that Health Frontliners, Senior Citizens and other vulnerable sectors of the population continue to be prioritized during simultaneous implementation of the COVID-19 vaccine deployment program. These mechanisms shall include:
 - a. Setting up priority lanes (i.e. green lane, fast lane) in vaccination sites
 - b. Establishing dedicated vaccination sites
 - c. Implementation of *No Wrong Door Policy* wherein vaccination shall be provided in any vaccination site
 - d. Providing logistical support such as transport to and from sites or mobile registration and vaccination mechanisms
 - e. Ensuring eligibility and vaccination even for national or local government procured vaccines
 - f. Ensuring LGU and vaccination site capacity to manage simultaneous vaccination Priority Group A1-A3 and other Priority Groups
 - g. Ensuring both online and manual registration mechanisms to reach A1, A2, and A3 members are exhausted
2. All LGUs and vaccination sites shall endeavor to continuously assess possible barriers for vaccination of Priority Groups A1 to A3 and develop policies and interventions to facilitate their vaccination.

3. In case of limited vaccine supply, scheduling and vaccination shall still sequentially prioritize Priority Groups A1, followed by A2, then A3. Prioritization shall NOT necessarily be on a first scheduling basis.

F. Health Screening and Interim Clinical Guidelines

1. To facilitate efficient operations, vaccination sites may combine the steps of registration, education, and health screening. These steps shall not necessarily be done by a physician, provided a supervising physician at the vaccination site shall be available for appropriate referral and management.
2. Reiteration of comparative consolidated guidelines to date, as amended:

Previous Guidelines	Amended Current Guidelines
<p><i>DM 2021-0099 III.I.4.d.</i></p> <p>For individuals with a prior history of COVID-19 infection, vaccination should be deferred after 90 days from recovery or completion of treatment.</p> <p><i>DC No. 2021-0101 D.g.:</i></p> <p>For individuals who became COVID-19 positive after receiving the first dose of vaccine, they should not be given the 2nd dose. Vaccination can be restarted after 90 days with a new first dose of vaccine.</p>	<p><i>DM 2021-0157 III.E.5.</i></p> <p>All individuals who contracted COVID-19 may be vaccinated after recovery or completion of treatment, whether for first or second dose, without restarting the vaccine dose schedule.</p>
<p><i>DM No. 2021-0157 III.E.1</i></p> <p>Potential vaccine recipients who are screened on the day of the vaccination and are found to have had attacks, admissions, or changes in medication for the past 3 months shall be considered as in active disease and shall be deferred for vaccination.</p>	<p><i>DM No. 2021-0218 II.A.2</i></p> <p>All potential vaccine recipients who are screened on the day of vaccination and found to have had active episodes of signs and or symptoms of a chronic or recurrent disease such as but not limited to bronchial asthma, hypertension, and diabetes mellitus, hospital admissions, or changes in medications for the past three (3) months shall be allowed vaccination as long as they are recovered or as advised by their attending physician. Medical certificate of recovery is not required.</p>

3. Vaccination sites shall ensure that materials on the vaccination day use the most recent available templates and guidelines as summarized at the DOH website (<https://doh.gov.ph/vaccines/resources-healthcare-providers>) such as:
 - a. Health screening and informed consent forms that can be found at bit.ly/RESBAKUNAVaxSpecific
 - b. Fact Sheets for Implementers that summarizes the most recent guidelines that can be found at bit.ly/RESBAKUNAFactsheets
 - c. Endorsed position statements from medical societies that can be found at <http://bit.ly/COVID19CPGs>
 - d. Standardized physical vaccination cards shall be given to vaccine recipients to ensure completion of the two doses and to enable monitoring of adverse events. The physical vaccination card must be printed by the facility/LGU in line with the printing standards set by the DOH that can be found at bit.ly/RESBAKUNAMaterials.

G. Addressing Barriers to Implementation

1. All vaccination sites shall endeavor to conduct Continuous Quality Improvement (CQI) in order to improve speed and scale of vaccination. The CQI process may include but not limited to the following:
 - a. Strategic review of daily to do checklists
 - b. Pareto analysis of barangay sizes
 - c. Brainstorming for challenges
 - d. Ishikawa diagrams for problem diagnosis
 - e. Process mapping
 - f. Histogram of most common causes of problems
 - g. Control charts for upper and lower bounds of acceptable performance
 - h. Plan-Do-Study-Act: Plan - Change or Test; Do - carry out the plan; Study - summarize what was learned; Act - determine what changes are to be made.
2. In the performance of CQI, all vaccination sites shall ensure fulfillment of the dimensions of patient-centered health care access, such as but not limited to:
 - a. Approachability - that eligible populations know and identify that the vaccination program exists and information reaches the identified population in a manner conducive to health literacies, knowledge, and beliefs related to the vaccination program
 - b. Acceptability - that processes are sensitive to cultural and social factors determining the possibility of eligible populations to accept the vaccination program
 - c. Availability and accommodation - that the vaccination sites and its operations is of appropriate capacity and distribution to reach all eligible populations, especially for those with restricted mobility or with other impediments to access the care

- d. Affordability - that availing of the vaccination program addresses direct and indirect costs of being vaccinated, such as but not limited to prohibitions from charging for the vaccines and administrative fees, workers are allowed compensatory time offs, and other related interventions
 - e. Appropriateness - that the services and conduct of the vaccination program is constantly updated based on quality, timeliness, and adequacy
3. All vaccination sites and LGUs shall develop a mechanism for receiving feedback from vaccine recipients and the general population about conduct of the COVID-19 vaccine deployment program that should be used in their CQI activities.
 4. The Regional Vaccines Operations Centers (RVOC) shall constantly review the CQI activities and action plans developed by LGUs.

H. Further Clarification on Handling Pfizer Vaccines

1. Further reiteration to the Pfizer BioNtech closed lid vial trays removed from frozen storage (< -60 °C) may be at room temperature (<25°C) for a maximum of 5 minutes when transferring from one ultra-low temperature environment to another.
2. Further reiteration to the Pfizer BioNtech open lid vial trays or trays with less than 195 vials removed from frozen storage (< -60 °C) may be at room temperature (< 25 °C) for a maximum of 3 minutes when removing a number of vials needed for the vaccination session or when transferring from one ultra-low temperature environment to another.

I. Health Care Waste Management

1. DM 2021-0031 otherwise known as “Interim Guidelines on the Management of Health Care Wastes Generated from COVID-19 Vaccination” shall be strictly implemented.
2. All materials used in the vaccination will be considered as infectious wastes, which include but are not limited to empty vaccine vials, syringes/sharps, PPEs, cottons, tissues, and other materials which had contact with the patient.
3. Reverse logistics guidelines:
 - a. Empty and opened vials of COVID-19 vaccine should be placed in a resealable plastic (20 vials per plastic, mixed vials or one type of vaccine) and placed in a yellow sack. These should be kept in a safe and secured place in the health facility and properly recorded in Form A (Utilization Report).
 - b. Used syringes (auto-disabled and conventional/reconstitution syringes) shall be placed inside the safety collector boxes (100 pieces per box).
 - c. RHU staff shall bring all immunization wastes including PPEs to the designated picked up points by the 3rd party waste management company every 2 months.

- d. All immunization wastes generated from the immunization sites shall be coordinated by the Sanitary Engineer/Cold Chain Manager after the completion of the 2nd dose vaccination.
- e. All unused/unopened vials of COVID-19 vaccine after immunization session should be returned by the Vaccination Team to the RHU/CHO for consolidation and recording and should be stored in the recommended temperature. All returned vaccines should be used first in the next immunization session.

For dissemination and strict compliance.

By Authority of the Secretary of Health:


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

Annex A

(sample only)

(COMPANY LETTERHEAD)

CERTIFICATION

This is to certify that _____ is currently (employed/assigned) as a _____
at our company since _____.

This certification is being issued as a proof that the aforementioned name is eligible to
receive the COVID-19 vaccine under the A4 Priority List.

Issued this _____ (date) _____ at _____ (address of company) _____.

**Name and Signature
(Position of Signing Authority)**