



Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OF BULACAN

February 21, 2022

DIVISION MEMORANDUM

No. 004 s. 2022

**GUIDELINES ON THE HEALTH CONCERNS FOR THE PROGRESSIVE PHASE
OF LIMITED FACE-TO-FACE CLASSES**

To: Assistant Schools Division Superintendents
Division Chiefs
Elementary and Secondary School Heads
School Health Section
All Others Concerned

1. To ensure the safety of the learners, teachers, and personnel the following guidelines are hereby implemented:
 - All unvaccinated teachers and non-teaching personnel must submit RT-PCR results every 2 weeks for them to be able to enter the school/DepEd premises.
 - Only vaccinated teachers can join the progressive phase of limited face-to-face classes.
 - Teachers and employees who are considered PWDs, are pregnant and lactating, whose services are indispensable under the present circumstance may be considered eligible to attend to work. (as provided for in CSC Memorandum Circular No. 18, s. 2020).
 - All learners with flu like symptoms shall be evaluated by the clinic teacher or health staff and shall be advised not to enter the school premises.
 - Schedule of Vaccination of minors using schools as venue must be coordinated with this Office through the School Health Section for monitoring and provision of technical assistance.
 - Update the google sheet for vaccination from time-to-time to fast track the vaccination status of learners.
 - All learners with co-morbidities must submit medical certificate to the health unit for further evaluation for them to assume if they can join the progressive phase of limited face-to-face classes. (See attached Interim Operational Guidelines on the COVID-19 Vaccination of the Pediatric Population Ages 12-17 Years Old with Comorbidities).
2. Compliance of everyone is enjoined.


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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

14 October 2021

DEPARTMENT CIRCULAR

No. 2021 - 0464

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; AND OTHERS CONCERNED

SUBJECT: Interim Operational Guidelines on the COVID-19 Vaccination of the Pediatric Population Ages 12-17 Years Old with Comorbidities

I. RATIONALE

The Department of Health (DOH) has been rolling out the National COVID-19 Vaccine Deployment and Vaccination Program since March 2021. Simultaneous in the vaccination of Priority A and the Rest of the Adult Population, the DOH has recommended the vaccination of the pediatric population ages 12-17 years old with comorbidities.

In July 2021, the Strategic Advisory Group of Experts (SAGE) on Immunization of the World Health Organization (WHO) in its recommendation determined that children with certain underlying medical conditions are at increased risk of severe illness from SARS-CoV-2 infection. Further, the Philippine Pediatric Society (PPS) and the Pediatric Infectious Disease Society of the Philippines (PIDSP) released its updated recommendations on September 6, 2021 and the All Expert Group (AEG) of the DOH recommended last September 22, 2021, that the COVID-19 vaccination of the pediatric population may commence with the 12-17 years old with comorbidities.

Furthermore, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) approved the commencement of the COVID-19 vaccination of the

- D. The COVID-19 vaccination process in vaccination sites including the registration, screening, counselling, vaccine recipient reporting, AEFI monitoring and referral shall follow (DOH) Department Memorandum 2021- 0099 and other relevant policies.
- E. Instructions for COVID-19 vaccination providers and administrators on storage and handling, dosing and schedule, administration, contraindications, warnings, adverse reactions, and use with other vaccines shall follow Philippine FDA EUA.
- F. Protocols for the management of Adverse Effects Following Immunization (AEFI) and Adverse Events of Special Interest (AESI) shall follow the provisions of the approved COVID-19 Vaccine for children with EUA of the FDA, succeeding guidelines from the FDA, and other recognized professional organizations and regulatory bodies, as new evidence arise.

VI. IMPLEMENTING GUIDELINES

A. Eligible Population

1. Eligible pediatric vaccine recipients with co-morbidities shall be categorized as part of Priority Group A3: Individuals with Comorbidities and shall be reported as "Pediatric A3".
2. The defined comorbidities in the "Pediatric A3" shall be as follows:
 - a. **Medical complexity:** long term dependence on technical support e.g. tracheostomy associated with developmental delay and/or genetic anomalies.
 - b. **Genetic conditions:** Down's Syndrome (Trisomy 21), Glucose-6-phosphate dehydrogenase deficiency (G6PD), genetic disorders affecting the immune systems such as primary immunodeficiency disorders, thalassemia, and other chromosomal abnormalities.
 - c. **Neurologic conditions:** Seizure Disorder, Autism Spectrum Disorders (ASDs), Cerebral Palsy, Stroke in the Young, Chronic Meningitis e.g. Tuberculosis, chronic neuromuscular diseases, and chronic demyelinating diseases.
 - d. **Metabolic/endocrine diseases:** Diabetes Mellitus (DM), Hypothyroidism, Diabetes Insipidus (DI), Adrenal insufficiency, Hypopituitarism, and other hereditary metabolic diseases.

- ✓ e. **Cardiovascular diseases:** Hypertension, Congenital Heart Diseases (CHDs), Cardiomyopathy, Rheumatic Heart Disease (RHD), Mitral Valve Disease, Pulmonary Hypertension with Right Heart Failure.
- ✓ f. **Obesity:** BMI > 95th percentile for age and height.
- ✓ g. **HIV infection**
- ✓ h. **Tuberculosis:** Pulmonary (collapse/consolidations, with empyema, and miliary), Extrapulmonary, (pleural effusion, pericarditis, abdominal, genitourinary, central nervous system, spinal column, bone, joint, cutaneous, ocular and breast), and Disseminated (involvement of two (2) or more organs).
- ✓ i. **Chronic Respiratory Diseases:** Chronic Lung Diseases (Bronchiectasis, Bronchopulmonary Dysplasia, Chronic Aspiration Pneumonia), Congenital respiratory malformation, Restrictive Lung Diseases, neuromuscular disorders, syndromic with hypotonia, skeletal disorders, chronic upper and lower airway obstruction (Severe Obstructive Sleep Apnea, Tracheomalacia, Stenosis, Bronchial Asthma).
- ✓ j. **Renal Disorders:** Chronic Kidney Diseases, Nephrotic Syndrome, End-Stage Renal Disease (ESRD), patients on dialysis and continuous ambulatory peritoneal dialysis (CAPD), Glomerulonephritis (e.g. lupus nephritis), Hydronephrosis.
- ✓ k. **Hepatobiliary Diseases:** Chronic Liver Disease, Cirrhosis, Malabsorption Syndrome.
- ✓ l. **Immunocompromised state due to disease or treatment:** Bone marrow or stem cell transplant patients, solid organ transplant recipients, haematological malignancies (leukemia, anemia, thalassemia), cancer patients on chemotherapy, severe aplastic anemia, autoimmune or auto-inflammatory disorders requiring long-term immunosuppressive therapy (e.g. Systemic Lupus Erythematosus, Rheumatoid Arthritis), patients receiving immune-modulating biological therapy [e.g. Anti - Tumor Necrosis Factor (TNF), rituximab, among others], patients receiving long-term systemic steroids [> one (1) month], functional asplenia, patients who underwent splenectomy.