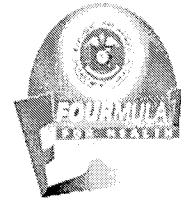




## OFFICE OF THE SECRETARY

1st Floor, Bldg. 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila  
Telefax: (0632) 711-1829 Trunkline: 743-8301 loc 1700-1701  
Email Address: [osec@doh.gov.ph](mailto:osec@doh.gov.ph) Web site: <http://www.doh.gov.ph>



October 2, 2007

### ADMINISTRATIVE ORDER

No. 2007 - 0028

**SUBJECT : Implementing Guidelines of the Executive Order No. 663: "Implementing the National Commitment for Bakuna ang Una sa Sanggol at Ina", attaining World Health Organization's goal to eliminate measles and neonatal tetanus, eradicate polio, control hepatitis B and other vaccine preventable diseases for the "Knock-out Tigdas".**

#### I. BACKGROUND:

President Gloria Macapagal-Arroyo signed Executive Order No. 663 last September 21, 2007 entitled "Implementing the National Commitment for "BAKUNA ANG UNA SA SANGGOL AT INA", attaining World Health Organization's goal to eliminate measles and neonatal tetanus, eradicate polio, control hepatitis B and other vaccine-preventable diseases.

To achieve this goal, requires that at least 95% of our children and pregnant women/mothers are fully immunized annually. However, annually, 500,000 children remain unprotected to the benefits of vaccine resulting in numerous outbreaks/epidemics of vaccine preventable diseases nationwide.

The Department of Health (DOH) with the collaboration of the national, international and the local government units will embark on a mass measles vaccination campaign for all children ages 9 months to 48 months old nationwide on October 15, 2007 to November 15, 2007.

## **II. POLICY STATEMENTS**

Immunization is a basic right of the child and therefore no child shall be deprived of this right. The State regards children as one of the most important assets of the nation and therefore every effort should be exerted to promote their welfare and full development of their potentials for a useful and quality life.

## **III. OBJECTIVES**

This Administrative Order is issued to provide further guidance on the roles and protection of health workers in accordance with the EO 663 for the Knock-out Tigdas 2007.

## **IV. SCOPE AND COVERAGE**

This Administrative Order shall apply to all health workers / health professionals who shall provide immunization and other child health interventions to all eligible children/mothers nationwide as specified in the Guide to Knock-out Tigdas for Health Workers either during mass immunization campaigns and routine/outreach immunization.

## **V. DEFINITION OF TERMS**

For the purpose of this Administrative Order, the following terms/acronyms have been defined:

AEFI – Adverse Event Following Immunization

CHD – Center for Disease Prevention and Control

DOH – Department of Health

Health workers/health professionals - refers only to doctors, nurses and midwives

ISSS – Immunization Safety Surveillance System

ISSSB – Immunization Safety Surveillance System Board

LGUs – Local Government Unit

NCDPC – National Center for Disease Prevention and Control

NEC – National Epidemiology Center

RESU – Regional Epidemiology Surveillance Unit

SIA – Supplemental Immunization Activities. Special immunization activities designed to reach populations that are not reached by routine fixed or outreach activities. These are conducted by teams once, twice, or three times a year in a form of mass vaccination campaign, nationwide or sub-national. .

## **VI. GENERAL GUIDELINES:**

### **A. Provision,of Immunization among Infants/Children and Women/Mothers**

1. On October 15 – November 15, 2007, all 9 months – 48 months old children (or born between October 15, 2003 and January 15, 2007) shall be administered measles vaccination **FREE OF CHARGE** using a door-to-door strategy. A Guide for Knock-out Tigdas for Health Workers shall be followed by all health workers to implement the campaign.
2. All local government units (LGUs) shall ensure that every child/mother have received complete immunizations following the guidelines of the Department of Health (DOH). All vaccine administration (i.e. vaccines, needles and syringes, services) shall be **FREE of CHARGE** in public hospitals, lying-in clinics, health centers, barangay health stations, designated immunization sites (“Bakuna Centers”) during routine immunization sessions and door-to-door in special campaigns.
3. Doctors, nurses and midwives shall all administer the vaccine regardless of the route of immunization - intramuscular, oral, subcutaneous, and intradermal, either during routine/outreach or supplemental immunization. Trained volunteers (e.g. Barangay Health Workers, Barangay Nutrition Scholars) shall be allowed to administer oral polio vaccines (OPV) in the immunization sites previously mentioned.
4. Auto-disable syringes should be used in every immunization session. Used needles and syringes, empty vaccine vials/ampules, used cottonballs are considered infectious and shall be disposed using DOH recommended disposal methods and sites. Sanitary inspectors shall facilitate proper disposal at least monthly.

### **B. Precautions for Unsafe Injections Among Healthworkers**

1. Unsafe injection practices should be avoided at all cost. DOH guidelines, Administrative Order No 39s.2003, the EPI Cold Chain Manual and A Guide for Knock –out Tigdas for Health Workers, related to safe injections should always be complied during routine, outreach and campaign immunization sessions.
2. All severe AEFIs should be routinely reported to Regional Epidemiology

Surveillance Unit (RESU) and National Epidemiology Center (NEC). The local epidemiology surveillance unit or its equivalent shall initiate the timely investigation of AEFI and properly coordinate with the RESU.

3. No immunization activities should be stopped without instruction from the National Center for Disease Prevention and Control (NCDPC), DOH.
4. Treatment of such cases shall follow the existing standard clinical care management. DOH retained hospitals shall treat all cases shown to be related to vaccine administration (during routine or campaign) FREE OF CHARGE.
5. Concerned public health professional shall not be held liable for any AEFI as long as DOH standard operating procedures on safe injection practices are complied.
6. Health workers and volunteers who have had untoward events such as animal bites, injuries and other incidents that occurred during routine or campaign activities shall receive standard medical care and prophylaxis care FREE OF CHARGE from DOH retained hospitals

### **C. IMPLEMENTING MECHANISMS**

Roles and Responsibilities:

1. National Center for Disease Prevention and Control (NCDPC)

The EPI- National Center for Disease Prevention and Control shall provide the standards, policies and guidelines for immunization including campaigns and ensures adequate and potent vaccines are procured and delivered nationwide. Auto-disabled needles and syringes, hub cutters and other immunization supplies shall be provided to the CHDs.

All technical staff of the NCDPC shall monitor/validate the immunization activities of the various LGUs and shall continuously provide directives as necessary to improve immunization coverage and reach all children in all barangays nationwide. A standard validation tool, Rapid Coverage Assessment, shall be utilized by all validators for the Knock-out Tigdas.

2. National Epidemiology Center (NEC)

NEC of the Department and RESU shall assist in the investigation of any reported Adverse Events Following Immunizations (AEFI) and provide feedback with the concerned offices or LGUs. Likewise, NEC shall make functional at all times the Immunization Safety Surveillance System Board (ISSSB) and shall provide final report related to AEFI investigation to the Secretary of Health.

NEC through its existing system shall strengthen the laboratory-based measles surveillance and provide feedback to concerned offices/LGUs as necessary.

3. Legal Office of DOH (National/Regional)

The Legal Office of the DOH and or the Office of the Solicitor General shall provide appropriate legal assistance to public health professionals as necessary in any cases for acts committed in the performance of their duty and in good faith or in any case, after appropriate investigation by RESU/NEC.

4. Center for Health Development (CHDs) and Hospitals

The CHDs shall ensure that all the vaccines are potent, adequate and timely delivered to their catchment areas, provide technical assistance to include supervisory/monitoring/validation to LGUs to ensure that all eligible children receives needed immunization and other child health intervention. In the monitoring/validation the prescribed integrated child survival monitoring tool for routine and the conduct for Rapid Coverage Assessment (Section 12, Guide to Knock-out Tigdas for Health workers) shall be followed for these specific activities.

The hospitals shall likewise provide immunization to eligible children within their facilities and report accomplishments to CHDs. They shall also ensure treatment of any referrals related to the activities such as mentioned in Section B under General Guidelines.

5. Local Government Units (LGUs)

All local government units shall ensure that all the eligible children are given the appropriate child health interventions - measles immunization and /or other vaccines (if necessary) , Vitamin A capsule and deworming tablet, search for follow-up missed children and submit accomplishment report according to the scheduled specified in the KOT guidelines.

6. Private Sectors/Professional Organizations

All health professionals shall ensure that every child receives the measles vaccines and other child health interventions. They shall submit the number of children immunized in the private clinics and health facilities to the nearest government health center.

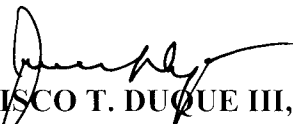
In the event that a professional organization convention coincides with the conduct of the mass campaign, the members shall be responsible to ensure that all eligible children shall be provided the needed intervention.

**VII. Repealing Clause**

Any existing provision or issuance found in consistent with this order shall be repealed.

**VIII. Effectivity**

This Order shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health