



EXECUTIVE ORDER NO. 29

**AN EXECUTIVE ORDER ADAPTING THE POLICIES OF NATIONAL IMMUNIZATION PROGRAM IMPLEMENTATION IN THE PROVINCE OF DAVAO ORIENTAL**

Whereas, the Philippine National Immunization Program was launched in 1976 and has successfully vaccinated and protected millions of children from vaccine-preventable diseases. The rapid acceleration of performance from 1987 onwards highlighted that such achievements are possible under good administration and management backed up by sound policies and clear guidelines.

Whereas, the Department of Health considered National Immunization Program as priority public health program. Immunization shall be an essential health intervention for eligible children and women. This service shall be made available in all health facilities and institutions providing health services for women and children nationwide.

Whereas, 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 of life.

Whereas, the program goals are the maintenance of at least 95% fully immunized child (FIC) coverage. Maintenance of Polio Eradication, elimination of measles, elimination of maternal and neonatal tetanus and control of Diphtheria, Pertussis, Hepatitis B infection, Tuberculosis Meningitis and other disseminated forms of TB.

Whereas, all infants should receive one dose of BCG, three doses of DPT, three doses of OPV, 2 doses of IPV and one dose of measles vaccine before their first birthday. Three doses of Hepatitis B shall also be given if available.

Whereas, all women bearing age (15-49) years old shall receive five doses of Tetanus Diphtheria or Tetanus Toxoid for their lifetime protection against tetanus and for prevention of neonatal tetanus among infants.

Whereas, all other age groups that may be determined for supplemental immunization activities.

Whereas, all immunization services rendered by the government health workers must be free of charge as prescribed by law. (Presidential Decree No.996)

Whereas, every Wednesday is designated as the national day for immunization in all government health facilities and shall be implemented in all municipalities in the Province of Davao Oriental unless otherwise revised by local traditions, customs or regulations and other exceptions.



Whereas, all government hospitals shall likewise provide immunization services at the outpatient department. Eligible children who are hospitalized should be immunized as soon their general condition improve and at least before discharge from the hospital. Corresponding referral for subsequent doses should be done.

Whereas, monthly reports of immunization coverage shall be submitted to the nearest City/Municipal Health Office following guidelines on submission of reports.

Whereas, measles vaccine should preferably be given on admission in hospital because of the risk of nosocomial measles transmission.

Whereas, only health workers trained and skilled at giving injections are authorized to give immunization (except OPV which can be given by volunteers during National Immunization Days (NID) because it is orally administered and has no overdose and very little or minor side effects.

Whereas, infants shall be vaccinated according to the Immunization schedule prescribed in the National Immunization Program (NIP) Manual. All the NIP antigens are safe and effective when administered simultaneously that is during the same immunization session but at different sites. It is NOT recommended, however, to mix different vaccines in one syringe before injection, or using fluid vaccine for reconstitution of a freeze-dried vaccine.

Whereas, women of childbearing age (15-49 years old shall) receive tetanus toxoid according to the five-dose schedule as provided for in the NIP manual.

Whereas, it is justified to open one multi-dose vial for one or two clients if the health worker feels that a client cannot come back for the scheduled immunization session. Parents and caregivers should be informed of the importance of immunization, the vaccine schedule and the need to complete the doses of vaccines.

Whereas, patients or clients or their guardians shall be informed of any side effects or adverse reactions of any of the EPI vaccines. The DOH shall not directly give monetary compensation for patients that may suffer any adverse reaction due to the administered vaccine. Instead, free treatment and services shall be available in all government hospitals.

Whereas, adverse events shall be monitored closely. Operational problems must be solved by appropriate logistical support, training and supervision.

Whereas, follow-up of drop outs and defaulters as well as supplemental immunization activities and outreach services shall be regularly scheduled to catch up on "missed" children.



Whereas, extra efforts must be exerted to vaccinate children particularly in the underserved, hard-to-reach areas and tribal communities.

Whereas, monthly inventory and vaccine request must be submitted every 3<sup>rd</sup> Friday of the month without fail to ensure availability of vaccines in the City/Municipal Health Center.

Whereas, special immunization strategies shall be conducted to respond to outbreaks of the Vaccine Preventable Diseases (VPD). Separate guidelines on outbreak response strategize shall be formulated.

Whereas, only one sterile syringe and needle per child or mother will be used to ensure safe injection practice. Auto-disable syringes are the equipment of choice for administering vaccines, both in routine immunization and mass campaign.

Whereas, disposable syringes and needles shall be discarded after single use in a puncture-proof container or safety collectors box and shall be disposed of by burying or other improved means of effective, safe and environmentally acceptable waste disposal.

Whereas, maximum efforts should be exerted to ensure rigorous procedures for injection safety. Aseptic techniques must be observed during immunization sessions.

Whereas, OPEN VIAL POLICY should be observed wherein:

All opened WHO-prequalified multi-dose vials of vaccines should be discarded at the end of the immunization session, or within six (6) hours of opening, whichever comes first, unless the vaccine meets all four of the criteria listed below:

- a) The vaccine is currently prequalified by WHO.
- b) The vaccine is approved for use for up to 28 days after opening the vial, as determined by WHO.
- c) The expiry date of the vaccine has not passed.
- d) The vaccine vial has been, and will continue to be, stored at WHO- or manufacturer-recommended temperatures; furthermore, the vaccine vial monitor, if one is attached, is visible on the vaccine label and is not past its discard point, and the vaccine has not been damaged by freezing.

2. Freeze-dried vaccines, such as MCV and BCG vaccines should be discarded six (6) hours after reconstitution or at the end of the immunization session, whichever comes sooner. Never ever reconstitute freeze-dried vaccines in anything other than the diluents supplied with them.

3. All opened vials of any vaccine must be discarded if sterile procedures have not been followed; or there is evidence of contamination (such floating particles in the vaccine); or there is just a suspicion that the vaccine has been contaminated.



4. If the potency of the vaccine is questionable, the vial/s should be thrown away. Do not use these questionable vials for immunization session. All vaccines should be verified before use to determine if vaccines have had too much heat exposures.

Whereas, COLD CHAIN MANAGEMENT must be strictly observed at all times following the cold chain management guidelines listed:

1. All vaccines refrigerators or freezers shall be used exclusively for NIP vaccines. No food or drinks shall be stored in these to ensure the optimal temperature for vaccines.
2. Vaccines are stored according to the temperature requirement for each antigen (refer to NIP Manual). Maintain the correct temperature in the refrigerators, freezers, vaccine carriers, cold boxes and transport boxes at all times.
3. Regular temperature monitoring shall be done, chartered, and posted on the door of the refrigerator or freezer.
4. An updated contingency plan for emergency measures should be and known by all the staff of the facility.

Whereas, reporting and recording guidelines are the following:

1. The health worker providing the vaccination shall record the given antigen in the child's Early Childhood Care and Development Card (ECCD)/ Growth Monitoring Card (GMC)/ Baby Book / Mother and Baby Book, whichever is available.
1. Coverage accomplishment shall be reported as Fully Immunized Child (FIC) which is defined as an infant given one (1) dose of BCG, three (3) doses each of PENTA, OPV and one (1) dose of MCV before infant reaches twelve (12) months of age. Hepatitis B vaccine (HBV) and TD shall be reported as separate accomplishment reports. Child protected at birth (CPAB) indicator shall be used as an indicator.
2. National Immunization Program (NIP) coverage reports (FIC and by antigen by dose) shall be reported by all levels. Provincial Health Office shall collate all the LGUs report and submitted monthly to the Regional level to monitor adequacy and utilization of vaccine supplies at all level.

Whereas, surveillance of a suspected polio or AFP case, neonatal tetanus and measles cases is an integral part of National Immunization Program (NIP) and a critical component of eradication and elimination activities and should therefore be strengthened and sustained. Cases and deaths due to the seven (7) Vaccine Preventable Diseases (VPD) should be reported by age, sex and immunization status from barangay up to the National level following the guidelines of reporting of notifiable disease. The Criteria for diagnosis of VPD shall be based on the WHO standard case definition. Case investigation and reporting shall be done in case of outbreaks and adverse events following immunization (AEFI) and appropriate measures shall be instituted. Vigilance should be strictly observed for any risk of importing vaccine-preventable diseases, especially for polio virus. Measures such as vaccination at points of entry should be done if possible when there is a surge of migrants coming from countries where immunization policies are not strictly observed.



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Whereas, LGUs shall designate Provincial, City and Municipal NIP Managers to coordinate NIP activities in their respective areas and ensure correct implementation management of the program.

Whereas, supervision and monitoring shall be scheduled quarterly at all levels utilizing supervisory monitoring tool and with corresponding feedback. Follow-up visits shall be programmed based on the findings during the previous visits.

Whereas, monthly accomplishment shall be analyzed and indicated through graphic presentation (EPI monitoring chart) at all field health units.

Whereas, annual program implementation reviews shall be conducted at all levels to assess accomplishment and address certain issues and concerns.

**Repealing Clause**

Any existing provision or issuances found inconsistent with this order should be repealed.

This order shall take effect immediately.

**OCT 21 2022**

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