



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

March 30, 2021

**DEPARTMENT MEMORANDUM**

No. 2021 - 0157

**FOR: 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 Group A3 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines**

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**I. RATIONALE**

On March 1, 2021, the National Government has initiated the rollout of the COVID-19 Vaccine Deployment Program with the use of the SARS-COV-2 Vaccine (Vero Cell) Inactivated CoronaVac (SinoVac) and Astrazeneca COVID-19 vaccine, in efforts to: 1) reduce morbidity and mortality while maintaining the most critical essential services; 2) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others; 3) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and 4) responsibly resume social and economic day-to-day operations and activities.

The issuance of Department Memorandum No. 2021-0099, otherwise known as the “Interim Omnibus Guidelines of the Implementation of the National Vaccine Deployment Plan for COVID-19”, provided the necessary guidance for the prioritization, allocation, distribution, and appropriate administration of COVID-19 vaccines in the country.

This issuance aims to provide further guidance on implementation of simultaneous vaccination to Priority Groups, and implementing guidelines for Priority Group A3: adults with controlled comorbidities.

## II. GENERAL GUIDELINES

- A. The National COVID-19 Vaccine Deployment Program is an additional strategy to complement the existing implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategies which shall remain to be the cornerstone of the country's response to prevent further transmission. The improved PDITR Plus (intensified PDITR and simultaneous vaccination) Strategy shall be a shared responsibility of the national government, local government units, private sector, and the general public.
- B. The Department of Health (DOH) Task Group Immunization Program, with the Department of Information and Communications Technology (DICT), shall ensure that a platform for both electronic and manual masterlisting are available for the entire population that is collected and used consistent with Data Privacy Law:
1. A national electronic self-registration system is preferable, linked to local government platforms. Alternatively, a platform or website may be developed wherein all electronic self-registration platforms and processes for manual registration are consolidated.
  2. To reduce barriers in masterlisting, processes should allow simultaneous collection and registration across all priority groups, and should not be limited to the specific targeted Priority Groups only.
  3. The information and data fields to be collected prior to the vaccination day should include data that can allow identification and verification of the population to their respective Priority Groups, especially as the national government ramps up vaccine deployment to the general population.
  4. Local government shall ensure manual processes for masterlisting are available to their population, and submit the same through endorsed platforms of the DICT;
  5. Task Group Demand Generation shall consolidate, publicize, and disseminate electronic and manual platforms for masterlisting through official channels.
- C. The speed and the impact of the National COVID-19 Vaccination Program shall be maximized while taking into consideration the currently available evidence on the COVID-19 vaccine's ability to protect against severe COVID-19 and deaths. Simultaneous deployment to succeeding Priority Groups shall be allowed, provided that adequate measures to reach eligible individuals both electronically and manually are in place, that deadlines for "*Last Mile Masterlisting*" defined as targeted outreach to specific groups are adequately publicized, and that LGUs and vaccination sites are ready for implementation.
1. The Vaccine Cluster shall maximize and ensure appropriate reach of Priority A1 eligible population especially in high burden areas to be identified by DOH or the Interagency Task Force for Emerging and Infectious Disease (IATF-EID), before proceeding to simultaneous implementation in succeeding priority groups.
  2. An adequately publicized *Last Mile Masterlisting* campaign for Priority Group A1, with communication strategies targeted for dissemination to the eligible

population (instead of just to local government units and implementers), is recommended. This provision does not prohibit eligible Priority Groups to be vaccinated after the deadline if deemed appropriate by the head of the accountable institution.

3. Local government units shall tap local offices, interest groups, or chapters of health professional societies to ensure adequate reach especially of Priority Group A1.6 in the *Last Mile Masterlisting* Campaign. Priority Group A1.6 which encompasses all workers that are not based in health facilities that provide COVID-19 case management, screening at borders and points of entry, or management of specimens. For example, this group shall encompass all other healthcare workers such as community based health workers, midwives, dentists, pharmacists, pharmacy assistants, company healthcare workers, private duty nurses and caregivers, funeral staff, among others.
  4. For the allocation of Astrazeneca vaccines and other incoming doses, simultaneous deployment to Priority Group A2 (Senior Citizens) shall be implemented consistent with D.C. No. 2021-0101 Section C.
  5. For the 400,000 doses of SINOVAC vaccines delivered on March 24 and 1 Million doses on March 29, 2021, simultaneous deployment to Priority Group A3: (Adults with Controlled Comorbidities) shall be implemented consistent with the following interim guidelines detailed in Section III-C of this guidelines.
  6. Simultaneous vaccination of succeeding priority groups (especially when vaccine supplies from multipartite agreements come in) shall adhere to the operational guidelines developed by the Department of Health and Vaccine Cluster, as endorsed by the Interim National Immunization Technical Advisory Group, and as approved by the Interagency Task Force for Infectious and Emerging Disease.
- D. Implementation of the vaccination program shall be coordinated with the assistance of military and uniformed personnel (MUP), the private sector, and with support from other national government agencies, especially to fulfill the following:
1. Streamline on-site processes through the completion of documentation and screening processes prior to the actual date of vaccination and strategic scheduling of vaccine recipient;
  2. Designate and utilize larger vaccination sites as necessary, with observance of the respective allowed maximum capacities of such sites;
  3. Maintain minimum public health standards particularly on physical distancing measures;
  4. Delegate administrative and ministerial functions (such as registration, counselling, crowd control, etc.) to non-healthcare workers to reduce workload of healthcare workers during actual inoculation dates;
  5. Maximize business processes to ramp up the vaccination program such as but not limited to the following: marketing, organizing, managing manpower, and

employing responsive Information and Communications System (ICT) solutions; and

6. Ensure continuous vaccination activities even during weekends and holidays. If physical and human resources are available, 24/7 vaccination may be done.
- E. Current vaccine-specific implementation guidelines shall remain in effect for succeeding incoming vaccine supplies unless otherwise revised by the Public Health Services Team in line with updates of the Philippine FDA's Emergency Use Authorization. Specifically, these issuances include:
1. Department Memorandum No. 2021-0114: "Guidelines on the Management and Administration of the Initial 600,000 Donated SARS COV-2 Vaccine (Vero Cell) Inactivated CoronoVac (Sinovac) Doses". Administration
  2. Department Memorandum No. 2021-0123: "Interim Guidelines for the Management and Administration of the AstraZeneca (ChAdOx1-S [recombinant]) COVID-19 Vaccine" respectively.
- F. It is further clarified that Sinovac is not recommended for adults with uncontrolled or poorly controlled comorbidities.
1. Other vaccines consistent with their EUA may be used for adults with uncontrolled comorbidities.
  2. Sinovac may be given to adults with clinically-controlled disease comorbidities and not in active disease, further defined in succeeding provisions.
- G. It is further clarified that all Filipinos including overseas Filipino Workers, and other groups with legal residency status in the Philippines (i.e. foreign nationals, diplomats) shall be included in the priority group appropriate to their circumstance. For example, said individuals meeting the eligibility criteria for Priority Group A2 (senior citizens), Priority Group A3 (adults with controlled comorbidities), and the like may masterlist with their respective local government units (LGU) subject to supply availability.

### **III. IMPLEMENTING GUIDELINES**

#### **A. Masterlisting and Scheduling in Vaccination Sites**

1. Local government units shall lead in the masterlisting of the respective general population, consistent with their roles in profiling the health status of their constituents as stipulated in the Universal Health Care Act. Such masterlisting may be done through the following measures:
  - a. Coordination with institutions where the eligible population belongs to such as workplaces or health facilities;
  - b. Coordination with organized senior citizen, patient, or interest groups. This includes disease-specific support groups and palliative care, hospice groups if available;

- c. Coordination with public and private health facilities, and professional medical societies to encourage patients to masterlist in their respective LGUs;
  - d. Open call to eligible population through the use of appropriate media platforms and house-to-house visits to populations by community health workers, consistent with minimum public health standards; and
  - e. Existing disease registries of the LGU, if available.
2. All Filipinos shall indicate their interest to be vaccinated through their LGUs based on the address of their permanent or current residence or workplace. The DICT must ensure that the Vaccine Information Management System - Information Registry shall check for duplication across different LGUs through its centralized data warehousing platform.
  3. For the groups specified below, LGUs shall ensure vaccination is conducted or scheduled either in a separate site/ facility stated below or in current LGU vaccination sites but at a separate date from the other population:
    - a. People living with HIV, through the HIV treatment hubs, to keep privacy and confidentiality of patients, provided that the treatment hubs have adequate human resource and capability to conduct the vaccination based on the National Vaccination and Deployment Plan.
    - b. People affected with Tuberculosis, through the TB-DOTS centers, provided that assigned health workers and TB patients have adequate, appropriate Personal Protective Equipment (PPE). Patients with multidrug-resistant tuberculosis (MDR TB), through the Programmatic Management for Drug resistant Tuberculosis (PMDT) treatment centers/satellite treatment centers, must be strictly vaccinated on a separate place or schedule, ensuring that health care workers are equipped with N95 masks and other appropriate PPEs.
    - c. Bed ridden patients at home and/or in institutions (home for the aged, nursing homes, infirmaries, etc.), wherein LGUs may schedule on-site vaccination teams, ensuring appropriate processes and mechanisms for Adverse Events Following Immunization (AEFI) referral such as ensuring availability of ambulances. Medical clearance and dialogue with the attending physician is necessary for bed ridden patients.
    - d. LGUs should develop a mechanism for citizens at home with medical clearance for vaccination to be scheduled for vaccination.

## **B. Identification and Utilization of COVID-19 Vaccination Sites**

1. Off-site or non-health facility based sites (e.g. schools, gymnasiums, treatment hubs, etc.) that fulfill guidelines set in the NVDP, Department Memorandum 2021-0116

entitled “*Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites*”, and subsequent guidelines shall be allowed to operate as a vaccination site, provided they are linked to a licensed health facility (such as public or private hospital or rural health units). The licensed health facility shall assist in ensuring the readiness of vaccination sites, especially regarding the management of AEFI. Larger sites that allow for efficient and safe vaccination operations and compliance to minimum health standards are preferred.

2. The only allowed non-fixed site COVID-19 Vaccination Implementing Units and Vaccination Sites shall be in the instance of home-based vaccination of homebound senior citizens or adults with comorbidities. In these instances and consistent with guidelines for medical clearance, LGUs shall ensure medical clearance for bed-ridden patients from attending physicians prior to the vaccination day. There must be appropriate health teams to do the vaccination and referral systems to health facilities on standby. Facilitated transportation of these individuals to vaccination sites is preferred, if feasible.
3. All vaccination sites shall ensure compliance to minimum public health standards consistent with Administrative Order 2020-0015 or the Guidelines on the Risk based Public Health Standards for COVID-19 Mitigation and Department Memorandum 2020-0268 or the Interim Guidelines on Health Facilities in the New Normal.
4. LGUs shall ensure that the vaccination sites can reach all sectors and communities, workplaces, or establishments within one hour of travel from each resident. LGUs may facilitate transportation of recipients for hard-to-reach areas of the community provided minimum public health standards are met.
5. The Local Vaccine Operations Center (LVOC) shall ensure that the designated COVID-19 vaccination sites shall comply with the standards and requirements prescribed in the LGU Assessment Tool, as specified in the Department Memorandum No. 2021-0116 . The LVOC shall monitor and ensure compliance of vaccination sites during actual vaccination.

### **C. Priority Group A3: Adults with Controlled Comorbidities**

#### **1. Eligibility**

- a. Any adult between 18-59 years old with any controlled comorbidity can be part of Priority Group A3.
- b. Priority shall be given to adult whose comorbidities are among the top causes of COVID-19 and national morbidity and mortality for prioritization to include chronic respiratory disease, hypertension, cardiovascular disease, chronic kidney disease, cerebrovascular disease, malignancy, diabetes, obesity, chronic liver disease, neurologic disease, and immunodeficiency state.
- c. Any of the following may be provided as proofs of comorbidity issued within the past 18 months:
  - i. Medical certificate from an attending physician;
  - ii. Prescription for medicines;

- iii. Hospital records such as the discharge summary and medical abstract;
  - iv. Surgical records and pathology reports
2. In case of limited vaccine supply, further sub-prioritization of Priority Group A3 shall be done based on geographic burden of COVID-19 disease and LGU vaccination readiness.
  3. Additional precautionary measures for implementation of vaccine deployment with Priority Group A3 shall be as follows:
    - a. Administration of vaccines shall take into consideration specific comorbidities indicated as contraindications and precautions in vaccine product list or in the EUA issued by the Philippine Food and Drug Administration.
    - b. Vaccines shall not be administered to those with uncontrolled or poorly controlled comorbidities, and those in active disease

#### **D. Medical Clearance**

1. Those belonging to the following A3 sub-groups need to secure a physical or electronic medical clearance prior to vaccination from either their specialist or attending physician through any means such as but not limited to teleconsultation, consultation at designated facilities, hubs, RHU or other primary care centers designated by the LGU:
  - a. Autoimmune disease
  - b. HIV
  - c. Cancer/ Malignancy
  - d. Transplant Patients
  - e. Undergoing steroid treatment
  - f. Patients with poor prognosis/ Bed-ridden patients
2. The medical clearance process for these groups shall enable individual risk-benefit assessment by the attending physician. It may be presented in electronic format, with the full name of the attending physician and their corresponding contact details for verification. It shall be issued by licensed physicians or may also come from referral apex hospitals, through telemedicine and Rural Health Units.
3. Those with other comorbidities not previously specified do not need medical clearance prior to vaccination but shall still undergo screening on vaccination day for active disease.
4. Local governments shall ensure that primary care facilities have coordination and referral mechanisms with the nearest Apex hospitals and training on Clinical Practice Guidelines that will serve as guidance on providing medical clearance to those with comorbidities who cannot consult at hospitals.

5. To reduce barriers in vaccination, LGUs shall ensure that the systems providing for medical clearances to the appropriate A3 subgroups shall be accessible and available to all members who need to secure a medical clearance prior to vaccination.

#### **E. Deferment Guidelines**

1. Potential vaccine recipients who are screened on the day of the vaccination and are found to have any of the following shall be considered as in active disease and thus, will be deferred for vaccination:
  - a. With symptoms of COVID-19 or their comorbidity;
  - b. Abnormal vital signs including heart rate, respiratory rate, and blood pressure (as defined in E.4) even after monitoring for 60 minutes;
  - c. Have had attacks, admissions, or changes in medication for the past 3 months.
2. Assessment of eligible deferrals shall be based on the clinical judgement of the physician at the COVID-19 vaccination site. Reasons for deferral need to be adequately explained to the potential vaccine recipient.
3. Eligible vaccine recipients who at the time of consultation, fall under the categories specified in DM 2021-0099 Section III.I4 shall also be deferred for vaccination.
4. Patients presenting with hypertensive emergencies (sBP > 180 and/or dBP >120 with signs and symptoms of organ damage) shall not be vaccinated and must be referred to the emergency room immediately. Vaccination shall be rescheduled until the condition is clinically controlled.
5. DC 2021-0101 Section D.1.g which states “For individuals who became COVID-19 positive after receiving the first dose of vaccine, they should not be given the 2nd dose. For standardization and effective implementation of AEFI monitoring and causality investigation, vaccination can be restarted after 90 days with a new first dose of vaccine.” is amended for implementation uniformity. All vaccine recipients who contracted COVID-19 after the first dose may be given the second dose provided a recommended interval of 14 days from recovery or completion of treatment are met, without restarting the vaccine dose schedule.

#### **F. Additional processes and activities in the vaccination sites**

1. Parallel activities that may or may not be related to vaccination shall be allowed to be conducted in vaccination sites provided that:
  - a. Activities are done in a separate adjacent area from the vaccination and monitoring area (not in the vaccination site);
  - b. Strict adherence to minimum public health standards are met, especially having appropriate engineering and administrative controls against crowding;



- c. Implementation of the vaccination program and parallel activities fulfill maximum capacity requirements consistent with the epidemic risk levels and guidelines of the DOH and IATF-EID;
  - d. Activities are done after the vaccination proper, and not as a prerequisite to vaccination; and
  - e. Implementing the parallel activities does not impact the efficient operations of the vaccination program which is of utmost importance.
2. Local government units shall coordinate with PhilHealth Local Health Insurance Offices to enable on-site PhilHealth support in designated vaccination sites such as but not limited to PhilHealth membership updating or registration to primary care providers, subject to rules and regulations of PhilHealth. LGUs and PhilHealth shall ensure all vaccine recipients shall be provided financial coverage especially in terms of AEFI and healthcare up to one year after vaccination.
3. Other parallel activities may include:
  - a. Registration to the National ID through the Philippine Identification System (PhilSys) on site, in coordination with the National Economic Development Authority (NEDA) and the Philippine Statistics Authority (PSA).
  - b. Access to other essential local government services as a one-stop-shop, if relevant to specific eligible vaccine recipients scheduled on those days.
  - c. Registration into local disease-specific groups or release of information materials related disease prevention and control.
4. LGUs and head of vaccination sites shall ensure that preconditions stated above are met prior to implementation of parallel activities.

For dissemination and strict compliance

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