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IAG Memo No. 09-2021

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MEMORANDUM

TO : *All Customs Officials and Employees*

FROM : 
DONATO B. SAN JUAN
Deputy Commissioner, IAG and
Chief of Staff, Office of the Commissioner

SUBJECT : **Initial Roll-out of the First Tranche of
Pfizer-BioNTech COVID-19 Vaccines**

DATE : 01 March 2021

1. Attached is a copy of the Department of Health Circular No. 2021-0055 entitled:

"Interim Guidelines on the Prioritization Framework for the Philippine National Deployment and Vaccination Plan and its Initial Roll-out of the First Tranche of Pfizer-BioNTech COVID-19 vaccines."

2. For your information and guidance.



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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 4, 2021

DEPARTMENT CIRCULAR
No. 2021 - 0055

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS 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: Interim Guidelines on the Prioritization Framework for the Philippine National Deployment and Vaccination Plan and its Initial Roll-out of the First Tranche of Pfizer-BioNTech COVID-19 vaccines

On January 21, 2021, the Inter-agency Task Force for the Management of Emerging Infectious Diseases (IATF) ratified the Philippine National Deployment and Vaccination Plan for COVID-19, with the allocation and prioritization of COVID-19 immunization anchored on the principles of human well-being, equal respect, national equity, reciprocity and legitimacy.

However, there is a need to supplement/update the National Deployment and Vaccination Plan given new developments. Thus, the interim National Immunization Technical Advisory Group for COVID-19 vaccines (iNITAG) and the Department of Health Technical Advisory Group (DOH-TAG) provided their recommendations and presented on February 4, 2021 to the IATF. The IATF adopted the resolution of the iNITAG and the DOH-TAG through IATF Resolution No. 98 Section A, with the following key points:

1. Prioritization framework for national, local, and private distribution
2. Prioritization criteria for Priority Group A1
3. Recommendations on the criteria for allocation of the first tranche of Pfizer-BioNTech COVID-19 vaccines
4. Recommendations on health profiling, screening, and informed consent in the patient pathway
5. Recommendations on vaccination cards

This circular provides further guidance to implementers in the adoption and adherence to the prioritization framework and the initial roll-out of the first tranche of Pfizer-BioNTech COVID-19 vaccines according to IATF Resolution No. 98 Section A.

I. GENERAL GUIDELINES

- A. The framework for prioritization of priority population groups and corresponding sub-prioritization criteria shall be aligned with the objectives of ensuring reduction of mortality from COVID-19 and preservation of health system capacity, in the context of scarcity of COVID-19 vaccine supply.
- B. Priority group A1, as specified in Section II.A. of these guidelines, shall be the main recipients of the first tranche of the Pfizer-BioNTech COVID-19 vaccines. According to order of precedence of priority population groups, the preceding priority group shall be provided nationwide access first before providing access to the next priority group.
- C. The National Government shall pool the available vaccine supply, and ensure that vaccinations have been provided first to the identified priority groups, especially workers in frontline health facilities and senior citizens, prior to the distribution of the vaccines to the local government units (LGUs) and the private sector, provided that all planners, implementers and providers shall follow the prioritization framework of the national government.
- D. Sub-prioritization shall be conducted within a priority population group through selection of geographic areas if there is insufficient incoming supply of vaccines. Sub-prioritization shall be based on:
1. COVID-19 burden of disease (current active cases, attack rate per 100,000 population in the past 4 weeks, and population density); and
 2. Vaccination site and/or Local Government Unit readiness, in particular, its supply chain capability, to mount a vaccination campaign.
- E. Further sub-prioritization shall be conducted if there is noted insufficient incoming supply of vaccines even after employment of the sub-prioritization criteria. This shall be based on exposure and mortality risk. Other methods of sub-prioritization for priority groups may be developed as the need arises.
- F. Specific instructions provided in the Emergency Use Authorization of COVID-19 vaccines granted by the Food and Drug Administration, and recommendations from the Health Technology Assessment Council shall be judiciously taken into consideration in the planning and allocation of the Vaccine Cluster of the National Task Force Against COVID-19, distribution and program management of the regional and local Vaccine Operations Center, and the administration of vaccines by health care providers. ✓
- G. Recipients who warrant further examination, or hereby termed as *special population groups* consistent with the guidance of reputable institutions (e.g. US-CDC¹) in identifying conditions at increased risk for severe COVID-19, shall have the conduct of health profiling, asking for informed consent, screening for acute symptoms, **before** the day of vaccination.

¹ Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Available at https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w#suggestedcitation

- H. For persons not belonging to the special population groups, they may have their health profiling, provision of informed consent, and screening on the same day of vaccination.
- I. Further details will be threshed out in succeeding issuances, after consultation with stakeholders, and after initial roll-out to consider operational concerns.

II. SPECIFIC GUIDELINES

A. The priority population groups for COVID-19 immunization are as follows:

Priority Eligible A	
A1	Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health workers, etc.
A2	Senior citizens aged 60 years old and above
A3	Persons with comorbidities not otherwise included in the preceding categories
A4	Frontline personnel in essential sectors including uniformed personnel and those in working sectors identified by the IATF as essential during the period of Enhanced Community Quarantine
A5	Indigent population not otherwise included in the preceding categories
Priority Eligible B	
B1	Teachers, Social Workers
B2	Other Government Workers
B3	Other essential workers
B4	Socio-demographic groups at significantly higher risk other than senior citizens and indigent people
B5	Overseas Filipino Workers
B6	Other Remaining Workforce
Priority Eligible C: Rest of the Filipino population not otherwise included in the above groups	

- B. For priority group A1, all workers in a health facility shall be taken as a group. Facilities or institutions of prioritization, in the following order of precedence, may be sub-prioritized based on (a) historical admission of COVID-19 cases and (b) allocated and occupied COVID-19 beds:
 1. COVID-19 referral hospitals designated by the Department of Health

2. Hospitals and infirmaries providing COVID-19 care, as prioritized based on service capability, starting from level 3 hospitals, to level 2 hospitals to level 1 hospitals, and then infirmaries
 - a) Among hospitals with a common service capability, the order of priority shall be from facilities owned by the DOH, then facilities owned by Local Government Units, and then facilities owned by private entities.
 3. Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc);
 4. Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases;
 5. Local Government Health Offices, Urban Health Centers, Rural Health Units and Barangay Health Stations;
 6. Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified, dealing with COVID-19 cases, contacts, and specimens for research purposes, screening and case management
 7. Closed institutions such as, but not limited to, nursing homes
- C. Methods of sub-prioritization for other priority groups may be further developed as the need arises.
- D. The allocation of the first tranche of Pfizer BioNTech COVID-19 (BNT162B2) vaccines arriving within the month of February 2021 shall be based on the following:
1. 21-day dosing interval between the first and second dose of the vaccine, as aligned with its EUA granted by the FDA
 2. Priority Group A1, health workers in hospitals, in the following facilities:
 - a) All COVID-19 Referral Hospitals in the National Capital Region, as referenced in the Department of Health Department Circular No. 2020-0322, with the subject, "Reiteration on the Referral of Coronavirus Disease 2019 (COVID-19) Cases to the Appropriate Treatment Facilities", specifically, UP-Philippine General Hospital, Dr. Jose N. Rodriguez Memorial Hospital, the Lung Center of the Philippines, San Lazaro Hospital, Amang Rodriguez Memorial Medical Center, Research Institute for Tropical Medicine, Jose R. Reyes Memorial Medical Center, Quirino Memorial Medical Center, East Avenue Medical Center, Dr. Fe Del Mundo Medical Center, Philippine Heart Center, National Kidney and Transplant Institute.
 - b) Select COVID-19 Referral Hospitals in Visayas and Mindanao, specifically, Vicente Sotto Memorial Medical Center for Visayas, and Southern Philippines Medical Center for Mindanao.

- c) Other DOH-owned hospitals, specialty hospitals and regional hospitals based in NCR, specifically, Rizal Medical Center, Tondo Medical Center, Dr. Jose Fabella Memorial Hospital, National Center for Mental Health, Valenzuela Medical Center, National Children's Hospital, Philippine Children's Medical Center, San Lorenzo Ruiz General Hospital, Las Pinas General Hospital and Satellite Trauma Center, and Philippine Orthopedic Center.
 - d) Level 3 hospitals owned by Local Government Units, specifically Pasig City General Hospital, Ospital ng Makati, Quezon City General Hospital, Pasay City General Hospital, Ospital ng Maynila.
3. Priority Group A1, health workers in hospitals, in the following facilities, subject to availability of vaccine supply:
- a) Other government-owned hospitals such as Level 3 AFP and PNP-owned hospitals
 - b) Select Level 3 hospitals in the National Capital Region that are not owned by the Local Government Units or National Government, and prioritized based on the historical total number of admitted confirmed COVID-19 cases as sourced from the COVID Kaya information system, namely St. Luke's Medical Center - Quezon City, St. Luke's Medical Center - Bonifacio Global City, Makati Medical Center, and The Medical City.
4. Vaccine recipients who refuse to receive the vaccine on the vaccination day shall be encouraged and adequately informed and educated by the provider. However, if the vaccine recipient still refuses, their position in the list of eligible population shall be moved to the end of the last eligible in Priority Group C.

III. Roles and Responsibilities

A. The National Government shall

1. Pool the available vaccine supply, and first ensure that vaccinations have been provided to the identified priority groups, especially workers in frontline health facilities and senior citizens before disbursement of vaccines to persons included in the master list of local government units (LGUs) and the private sector.
2. Ensure clarity in communicating the criteria used and consistency in the narrative for the prioritization of vaccine recipients, including the choice of hospital recipients in the first tranche of allocation of Pfizer BioNTech COVID-19 (BNT162B2) vaccines, and succeeding tranches of vaccines.

B. The Vaccine Cluster of the National Task Force Against COVID-19 shall:

1. Utilize the prioritization framework in developing the allocation plans for future tranches of vaccines.
2. Endorse the allocation plans to the iNITAG for their concurrence.

3. Present the iNITAG-concurred allocation plans to the IATF for their ratification.
- C. The Regional and Local Vaccination Operations Centers shall:
1. Oversee the implementation of the vaccination program, from preparation to monitoring of adverse events following immunization, within their areas of jurisdiction.
 2. Ensure readiness of the vaccination sites and hospitals through the conduct of regular briefings, periodic assessment, and simulation exercises.
 3. Express full support in coordination and communication, in cases of emergencies or unforeseen circumstances.
 4. Monitor and document the conduct of the vaccination campaign, including the reporting of immunization coverage and monitoring of adverse events following immunization.
 5. Disseminate this guidance and continually recalibrate its preparations.
- D. All hospitals, through their Medical Center Chiefs, that are included in the allocation of the first tranche of allocation of Pfizer BioNTech COVID-19 (BNT162B2) vaccines shall:
1. Verify that there is no duplication of personnel, particularly on health professionals providing services in multiple health facilities, with attestation to the health facility where these individuals intend to be vaccinated.
 2. Ensure availability of sufficient ultra low cold chain equipment in their facility.
 3. Include in the masterlisting, allocation, and distribution, the medical and nursing clerks and interns, and other students who directly provide care as part of their education within their respective hospitals
 4. Strategize to achieve minimal to zero wastage of vaccine through accurate and efficient masterlisting, health profiling and securing of informed consent; and planning out contingency measures, such as but not limited, to having standby recipients from the nearby Local Health Offices in the case of refusals or deferrals, benchmarked as 20% of their allocation.
 5. Coordination with the local vaccine operations center for incidents, under-utilization, operational concerns, and daily reporting of accomplishments.
- E. All hospitals not included in this first tranche of allocation of Pfizer BioNTech COVID-19 (BNT162B2) vaccines may engage as observers of the end-to-end


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vaccination process of the recipient hospitals, in coordination with the recipient hospitals.

- F. Professional medical societies are enjoined to develop clinical practice guidelines or decision algorithms for special population groups.
- G. The Philippine Society for Microbiology and Infectious Diseases shall develop decision algorithms to guide health care professionals for the general population who will follow this process, for possible adoption and circulation of the Department of Health
- H. Vaccinators shall understand, follow, and disseminate the prioritization framework, and the fact sheet for health care providers of the EUA for COVID-19 vaccines.
- I. Vaccine recipients are highly encouraged to confer with their respective providers and local government units for any concern regarding the conduct of the immunization program.

For information and guidance to all concerned parties.


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Secretary of Health