



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 24, 2016

DEPARTMENT MEMORANDUM

No. 2016 - 0096

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, DOH REGIONAL OFFICES (REGION III, IVA, AND NCR), SERVICES CHIEFS OF MEDICAL CENTERS, SPECIALTY HOSPITALS AND OTHER CONCERNED

SUBJECT: Guidelines in the School-based Immunization of Tetravalent Dengue Vaccine

1. RATIONALE

Dengue is one of the leading causes of illness in the Philippines. Worldwide, the Philippines rank 7th among countries and territories with the highest average number of Dengue cases reported to the World Health Organization (WHO) and 4th overall for the Asia Pacific region from 2004 to 2010.

The past 10 years have demonstrated a general increasing trend of explosive Dengue epidemics in the Philippines. While 2014 has seen a decrease in the number of cases, significant peaks are expected in the coming years considering the uneven trend in the number of cases in the last four years.

It has been estimated that the direct medical cost of clinically diagnosed Dengue infections in the Philippines is around USD 345M or PhP 16 billion annually. Adding the huge but unseen cost of lost productivity to the countless families, dengue indeed poses not only public health burden but also significant economic and social implications for the country.

Over the years, the Department of Health (DOH) has institutionalized community led interventions to prevent the proliferation of vectors of the disease. Furthermore, the DOH has continually supported local governments through commodities and insecticides to help respond to local outbreaks. While these have contributed in reducing morbidity and mortality, dengue cases and deaths are still expected to rise. There are no specific dengue treatments and prevention is currently limited to vector control measures. A dengue vaccine would therefore represent a major advancement in the control of the disease.

The DOH Expanded Program on Immunization (EPI) has focused on providing free vaccines for infants and children for the protection against vaccine preventable diseases. Since 2013, the DOH, in collaboration with Department of Education (DepEd) and the Department of Interior and Local Government (DILG), has successfully conducted vaccination in schools. Dengue vaccine will be added to the list of vaccines to be given to school age pupils in the School Based Immunization Program (SBIP).

2. SCOPE AND COVERAGE

This Department Memorandum shall guide all immunization program managers and immunization partners involved in School-based immunization for Dengue Vaccine in Regions III, IV-A and NCR from April 2016 to June 2017.

3. GUIDELINES

A. TARGET POPULATION

All Grade 4 pupils (school year 2015-2016) aged 9 years and older enrolled in public schools in Regions III, IV-A and NCR shall be vaccinated with 3 doses of Dengue Tetravalent Vaccine at six (6) months interval.

B. MASTERLISTING AND SCREENING OF ELIGIBLE PUPILS

1. All Grade 4 advisers/ clinic teachers/ school nurses shall:

- List all the enrolled pupils in Grade 4 for school year 2015-2016 using Recording Form 1 (Masterlist of Grade 4).
- Issue notification letter and parental consent for dengue vaccination one (1) week before the school based immunization for dengue vaccine.
- Retrieve the signed notification and parental consent form. Only pupils with approved and signed consent shall be vaccinated by the trained health worker.

Refusal of vaccination shall not be a ground for suspension or reprimand.

- Submit the completed Recording Form 1 to the Rural Health Unit (RHU) or Main Health Center (MHC). This shall serve as a guide for the target for immunization, vaccines and other logistics requirement.

2. Vaccinators shall review the submitted approved consent form to ensure that the pupil is eligible for dengue vaccination. If eligible, the vaccinator shall conduct a quick health assessment to every pupil before vaccination.

Table 1: Quick Health Assessment Checklist

ASK if the pupil had/has :	ACTIONS REQUIRED
<input type="checkbox"/> Fever	If any is present, DEFER vaccination until child is well. Refer for medical management. Set a definite date for the vaccination.
<input type="checkbox"/> Cough	
<input type="checkbox"/> Rashes	
<input type="checkbox"/> Headache	
<input type="checkbox"/> Received any vaccine less than 1 month ago	
<input type="checkbox"/> Recipient of blood products for the last 3 months	Defer vaccination until 3 months.

<input type="checkbox"/> Taking corticosteroids or chemotherapy	Defer vaccination until 4 weeks after corticosteroids are stopped.
<input type="checkbox"/> History of bleeding disorder	DO NOT GIVE the dengue vaccine.
<input type="checkbox"/> Pregnant or Breastfeeding	DO NOT GIVE the dengue vaccine.
<input type="checkbox"/> With history of allergy to previous dose	
<input type="checkbox"/> Enrolled in Dengue clinical study from San Pablo City, Laguna	

3. School-based immunization for Dengue Vaccination is **FREE** of charge.

NOTE:

Health workers must ensure that those who received the 1st dose of the Dengue vaccine shall be given the 2nd dose of the Dengue vaccine 6 months after the first dose and the 3rd dose of Dengue vaccine 6 months after the 2nd dose.

C. ADMINISTRATION OF DENGUE VACCINE

1. Dengue Vaccine

Dengue tetravalent vaccine is a live, recombinant vaccine. The vaccine contains 5 doses/vial. This is a suspension for subcutaneous injection. This contains dengue virus serotypes 1, 2, 3 and 4 that have been weakened and is indicated for use to children and adults from 9 years to 45 years for the protection of dengue.

NOTE:

As with all vaccines, dengue vaccine may not protect 100% of pupils who have been vaccinated and is not a substitute for protection against mosquito bites.

2. Contraindication and Precaution

2.1 Dengue tetravalent vaccine is **not recommended** for the following individuals:

- a. Children less than 9 years of age and adults above 45 years of age.
- b. Anyone who is allergic or has had an allergic reaction to a prior dose or to any component of the dengue vaccine.
- c. Immunocompromised individuals, due to but not limited to genetic defects, HIV infection, or therapies that affect the immune system such high-dose corticosteroids or chemotherapy.
- d. Pregnant or breastfeeding women.

e. Recipients of blood products for the last three months.

2.2 Vaccination shall be deferred to a person suffering from febrile illness, cough, rashes and severe headache until the person is well.

2.3 Vaccination shall be postponed to a person who is taking immunosuppressive treatment like prednisone or equivalent (20 mg or 2 mg/kg body weight for 2 weeks or more) until 4 weeks after the treatment has been discontinued.

2.4 Female of child bearing age, shall take necessary precautions to avoid pregnancy for 1 month following administration of the Dengue vaccine.

2.5 Dengue vaccines **SHOULD NOT** be co-administered with other vaccines.

2.6 Children who received other vaccines should temporarily defer vaccination until after 4 weeks.

3. Storage and Transport

- The DOH shall provide the Dengue Tetravalent vaccine to NCR, Regions III and IVA. Dengue Tetravalent vaccine shall be stored at +2 to +8°C.
- During immunization sessions, Dengue Tetravalent vaccine shall be transported and stored using the WHO recommended vaccine carrier with **pre-conditioned ice packs**.
- **Opened and reconstituted** dengue tetravalent vaccines shall be discarded **6 hours** from reconstitution or at the end of the immunization period whichever comes first following the recommended disposal of the biological wastes.
- Excess **unopened** Dengue tetravalent vaccines brought in school shall be marked with a **check (/)** before returning to the refrigerator for storage. The check mark shall indicate the vaccine vial was out from the refrigerator. This shall be prioritized for use in the next immunization session.

4. Schedule of Vaccination

All eligible pupils shall be vaccinated with the dengue vaccine, **0.5ml, subcutaneous, (SC) at the LEFT deltoid arm** following the recommended vaccination schedule:

- **First dose:** at the time of visit with the health worker at age 9 years old and older.
- **Second dose:** at least 6 months after the first dose.
- **Third dose:** at least 6 months after the second dose.

5. Immunization Safety

- Special precautions must be instituted to ensure that blood-borne diseases are not transferred to other persons.

1. Always use the Auto-Disable Syringe (ADS) in all immunization sessions.
2. Do not pre-fill syringes.
3. Do not re-cap needles.
4. Dispose used syringes and needles into the safety box.
5. Properly dispose safety boxes using the recommended appropriate final disposal for hazardous wastes.
6. Use of aspirating needles is **STRICTLY PROHIBITED**.
7. Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious wastes.

D. ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

1. The existing DOH guidelines on AEFI surveillance and response shall be used for this purpose.

NOTE:

For serious AEFI, designated referral hospital such as DOH-retained hospitals/regional medical centers and provincial/district hospitals among other shall be identified and oriented on the guidelines on school-based immunization including AEFIs and its management and response.

2. As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine.
3. Fear of injections resulting to fainting has been commonly observed in pupils especially adolescents during vaccination. Fainting is an **immunization anxiety-related** reaction. It is not related to the content or quality of the vaccine, but to the injection procedure. Fainting may also occur secondary to low blood sugar (hypoglycemia).

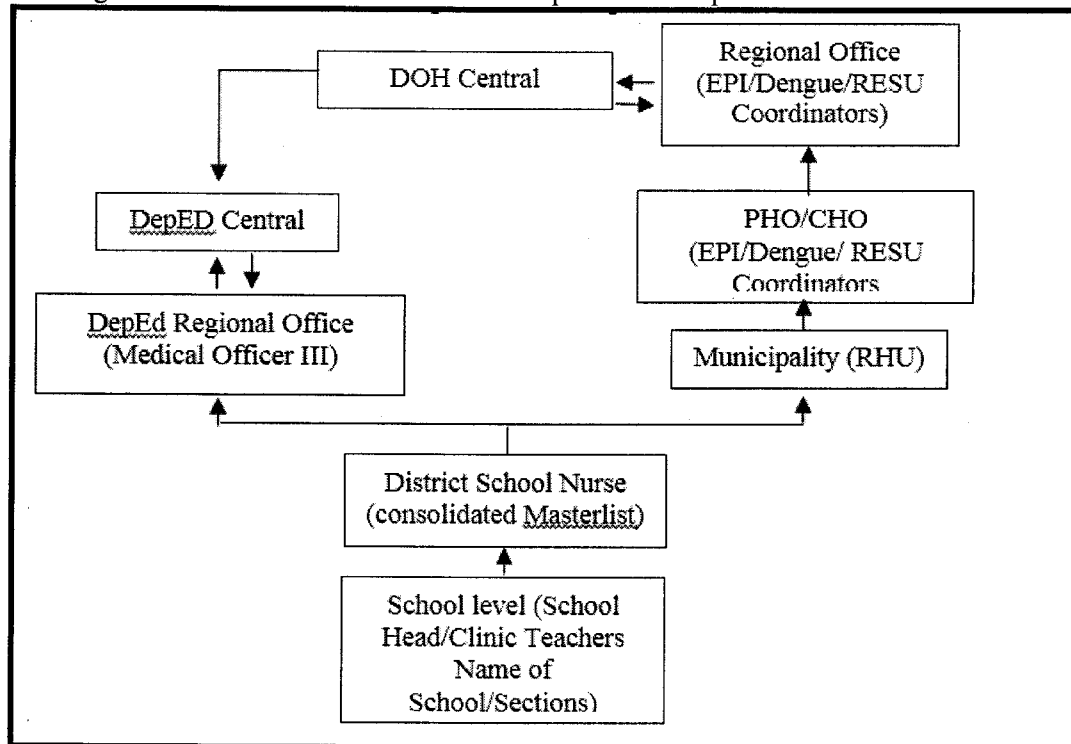
To reduce occurrence of fainting:

- Pupils should be seated or lying down during vaccination. Vaccinees should be carefully observed for a minimum of 15 minutes after administration of the vaccine.
- Ensure that vaccinees have eaten before vaccination and be provided with comfortable waiting room and privacy during waiting/observation period.

E. RECORDING AND REPORTING

1. Appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level. The following forms shall be used (see Annex :
 - a. Recording Form 1: MASTER LISTING
All Grade 4 pupils shall be recorded in Recording Form 1.
 - b. Reporting Forms
 - Form 1 : DAILY REPORTING
 - Form 2: DAILY CONSOLIDATION
 - Form 3: WEEKLY CONSOLIDATION

Figure 1: Flow of submission of Accomplishment Report



2. Weekly Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office every Friday before 3 PM.
Email Address: **sbidengue@gmail.com**

Final Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office.

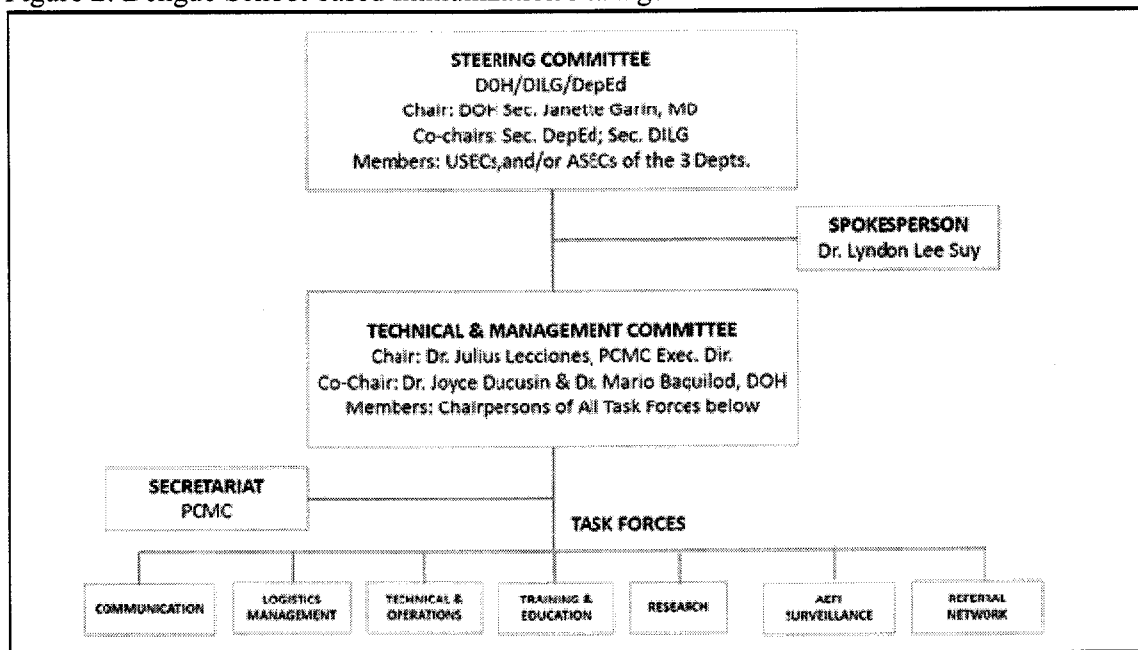
Table 2: Schedule of Vaccination and Submission of Report

	Schedule of Vaccination	Final submission of report per round
Round 1	April - June, 2016	July 11, 2016
Round 2	October - December, 2016	January 9, 2017
Round 3	April - June, 2017	July 10, 2017

F. IMPLEMENTING MECHANISM

For efficient implementation of the school-based immunization for dengue vaccine the following structure has been created at the national level and shall be duplicated at the subnational level.

Figure 2: Dengue School based Immunization Management Committee



A. Department of Health (DOH)

DOH shall provide the necessary vaccines and other immunization logistics (e.g. syringes, safety boxes, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.

The National DOH and the collaborating bureaus, and units are tasked to do the following:

a. Infectious Disease Division (IDD), Disease Prevention and Control Bureau (DPCB)

1. Coordinates with the EPI in the development of dengue vaccination policies and guidelines.
2. Coordinates with the EPI for the orientation of Regional Dengue, EPI and Surveillance coordinators, DepEd and other stakeholders on the school based immunization for dengue vaccine.
3. Sets up a speakers bureau.

b. Expanded Program on Immunization (EPI), Women, Men and Children Health and Development Division (WMCHDD)

1. Oversees the overall implementation of the School based immunization activity.
2. Develops the guidelines, policies and standards for school-based immunization in collaboration with DPCB and DepEd.

3. Coordinates with Research Institute for Tropical Medicine (RITM) on the distribution of vaccines.
4. Coordinates with Epidemiology Bureau for any reported AEFI cases.
5. Ensures timely distribution of Dengue vaccines and other immunization collaterals to the Regional Offices.
6. Analyzes and feedbacks the accomplishment reports of the immunization activity.
7. Monitors and evaluates the implementation of the School based immunization activity.

c. Epidemiology Bureau (EB)

1. Spearheads the conduct of Dengue Vaccine Baseline Study to establish the common illnesses experienced by Grade 4 pupils in the selected schools of Regions III, IV-A and NCR.
2. Oversees the implementation of AEFI surveillance at the local and sub-national levels.
3. Collects AEFI reporting forms, analyze reports and submit to DPCB, FHO, FDA and to Secretary of Health as needed.
4. Convenes the National AEFI Committee for the causality assessment of reported AEFI cases.

d. Food and Drug Administration (FDA)

1. Communicates international vaccine safety signals to FHO, DPCB, NEC and other stakeholders.
2. Communicates all suspected vaccine reactions reported through the pharmacovigilance unit to FHO, DPCB, NEC and other stakeholders.
3. Participates in the investigation of AEFIs through National and Regional Food and Drug Regulation Officers (FDRO).
4. Performs an independent analysis of implicated vaccines with possible collaboration with RITM and other accredited reference laboratories.
5. Imposes the necessary regulatory actions in cases of AEFI such as requiring all hospitals and health facilities to submit pertinent clinical documents and medical records related to AEFI cases.
6. Actively participates in the National AEFI Committee meeting.
7. Provides feedback to all stakeholders on safety, quality and efficacy of implicated vaccine/s.
8. Issues timely advisory to the public regarding use of AEFI implicated vaccine.

e. Health Promotion and Communication Service (HPCS) shall develop advocacy and communication plans and IEC materials for distribution to the regional offices.

f. Bureau of Local Health Systems Development (BLHSD) shall ensure the preparedness and acceptance of the various local government units of the vaccination activity.

g. Logistics Management Division (LMD) shall be responsible for the timely delivery and adequate supply of other logistics in coordination with national cold chain manager.

h. Knowledge Management and Information Technology Service (KMITS) shall be responsible in developing the school based immunization for dengue vaccination registry. The database shall be submitted to the National EPI DOH.

i. Department of Health Regional Offices (DOH-RO) shall:

1. Ensures that health workers at local or subnational levels are oriented on School Based Immunization for Dengue vaccination.
2. Monitors the school-based immunization for dengue at the different public schools.
3. Provides epinephrine kits during the conduct of immunization.

j. DOH and Government/Hospitals shall manage severe AEFIs and shall submit report to DOH as per Administrative Order on AEFI surveillance and response.

B. Department of Education (DepEd) shall:

1. Assist and facilitate the implementation of the dengue vaccination in all public elementary schools in NCR, Region III and IVA.
2. Issue a memorandum about the activity and inform pupils, parents, teachers, and school clinic staff about the free school based immunization for dengue.
3. Accomplish and submit masterlist of all Grade 4 pupils SY 2015-2016 to the local health units using the appropriate form.
4. Identify the immunization sessions schedule and ensure the school readiness for vaccination.
5. Follow-up deferred pupils for dengue vaccines:
 - Pupils who were initially deferred for vaccination but are willing to be vaccinated shall be followed up by the teacher-in-charge and *referred* to RHU/MHC for the Dengue vaccine within 2 weeks after the scheduled vaccination in school or as appropriate.
 - Health workers and advisers/ clinic teachers/ school nurses shall determine the most appropriate vaccination strategy for identified deferred pupils. These shall be included in the consolidated accomplishment report by the RHU.

C. Department of the Interior and Local Government (DILG)

- a. Municipality/City shall provide support in the actual vaccination activities through deployment of vaccination teams.
- b. Municipality/City shall ensure timely submission of accomplishment reports to the Provincial/City Health Office.
- c. Provincial/City Health Office shall ensure timely submission of accomplishment reports to their respective Regional Health Offices (Dengue, EPI/RESU coordinator).
- d. Province/City/Municipal Epidemiology & Surveillance Units (ESU) shall investigate and report detected AEFI to the next higher level.
- e. Conduct advocacy/promotion activities emphasizing the prevention of dengue infection and vaccination.

- f. District hospitals shall manage minor AEFI and refer severe AEFI to next higher level.

D. Private Sector/Professional Organization shall provide technical assistance in the conduct of lectures and awareness campaigns on dengue vaccination.

For your guidance and strict compliance.

By Authority of the Secretary of Health



GERARDO V. BAYUGO, MD, MPH, CESO III

Assistant Secretary of Health
Office for Technical Services B



REPUBLIKA NG PILIPINAS
REHIYON _____



PAHINTULOT NG MAGULANG

DIBISYON: _____

PAARALAN: _____

ADDRESS: _____

PETSA: _____

PANGALAN NG MAG-AARAL: _____

TIRAHAN NG MAG-AARAL: _____

PANGALAN NG MAGULANG/ TAGAPAG-ALAGA: _____

Mahal na Magulang/Tagapag-alaga:

Ang paaralang ito ay magsasagawa ng libreng pagbabakuna laban sa dengue sa lahat ng mag-aaral na nasa ika-apat na baitang na may siyam (9) na taong gulang o higit pa sa School Year 2015-2016 sa rehiyong ito. Ang bakuna laban sa dengue ay ibibigay ng tatlong beses (1-unang bakuna, 2- pagkaraan ng anim na buwan mula sa unang bakuna, at 3- pagkaraan ng 12 buwan mula sa unang bakuna).

Ang pahintulot ng magulang na ito ay ibinibigay sa inyo upang humingi ng permiso para sa planong pagbabakuna na isasagawa sa _____. Para sa katanungan /kalinawan ukol dito ay maaring makipag-ugnayan sa tanggapan ng

(Petsa)

Principal/Punong-guro.

Maraming salamat.

Lubos na gumagalang,

PANGALAN AT LAGDA NG PRINCIPAL/PUNONG-GURO

PAGSANG-AYON AT PAHINTULOT NG MAGULANG

Ito ay katanayan sa pagbigay ng pahintulot ng magulang ukol sa pagsasagawa ng libreng pagbabakuna laban sa dengue na isasagawa sa paaralan.

Nauunawaan ko ang impormasyon na tatlong (3) beses ng bakuna sa dengue ang ibibigay sa aking anak.

(Lagyan ng tsek ang kahon sa ibaba)

☐ Oo, sumasang-ayon ako na mabakunahan ng Dengue Vaccine ang aking anak sang-ayon sa rekomendasyon ng Kagawaran ng Kalusugan.

☐ Hindi ako sumasang-ayon na mabakunahan ang aking anak ng bakuna laban sa Dengue.

Mga Dahilan:

☐ Kasalukuyang tumatanggap ng pagsasalin ng dugo sa loob ng tatlong buwan

☐ Buntis/ Nagpapasuso

☐ Umiinom ng corticosteroids/ Nagpapa-Chemotherapy

☐ Nakatanggap ng ibang bakuna ngayong buwan

☐ Iba pang dahilan (Ipaliwanag): _____

PANGALAN AT SEKSYON NG MAG-AARAL

PANGALAN AT LAGDA NG MAGULANG/TAGAPAG-ALAGA/ PETA

MASTER LISTING FORM on School-based Immunization for Dengue Vaccine
Grade 4 Pupils (9 years old and older)

Date: _____

	1st Dose	2nd Dose	3rd Dose
Lot No.:			
Batch No.:			
Expiry Date:			

filled up by the Vaccination Team

[illegible]

100

- | | | |
|--------------|---|---|
| 1.) Fever | 6.) Recipient of blood products for the last three months | 11.) Enrolled in Dengue Clinical study from San Pablo City, Laguna or Cebu City, Cebu |
| 2.) Cough | 7.) Taking corticosteroids or chemotherapy | |
| 3.) Rash/es | 8.) History of bleeding disorder | 12.) Refused |
| 4.) Headache | 9.) Pregnant or breastfeeding | 13.) No consent |

Name and Signature of Recorder

Daily Consolidation Form on School-based Immunization for Dengue Vaccine
Grade 4 Pupils (9 years old and older)

Region:

Province/City: _____

Municipality: _____

Name of School: _____

Division: _____

Date: _____

[illegible]

Prepared by:

Name:

Position:

Noted by:

Name:

Position:

(Please tick reporting level)

☐ **Region:** _____

☐ Province/ City: _____

☐ Municipality: _____

Barangay: _____

Date: _____

[illegible]

Name: _____

Name: _____

Position: _____

ANNEX A: Roles and Functions of the Dengue School based Immunization Task Forces

Task Force on Procurement and Logistics:

- Procurement of vaccines for the Dengue Immunization School Based Program.
- Ensure manufacturer / supplier deliver the required goods on time and its adherence to the terms of reference.
- Inspection and acceptance during delivery of vaccines and other supplies to the DOH storage facilities (RITM and Central Office).
- Forecasting and allocation of vaccines and other supplies to the specific areas at the LGU level.
- Close coordination with the regional / LGUs to ensure availability of vaccines, vaccine carriers for cold chain management, other supplies and required forms on scheduled dates of vaccination.
- Inventory management of vaccines, its storage and distribution.
- Coordinate with the other Task Forces in the monitoring of supplies and reporting of actual utilization.

Training Task Force:

- Organize the national launching of the Dengue Vaccine School-based Immunization Program
- Facilitates inter-agency coordination and collaboration for the conduct of dengue vaccination training roll out;
- Provides technical inputs and recommendations for the content of dengue vaccination training design and materials;
- Secures the availability of resource speaker, venue, accommodation, meal, transportation, training materials, and other administrative support needed for the training;
- Ensures the conduct of dengue vaccination training roll out;
- Provides technical and capacity building support to other bureaus and agencies for dengue.

Technical & Operations Task Force:

- Develop guidelines, policies on School Based Immunization for Dengue Vaccines.
- Coordinate with the following TFs:
 - Training TF in the conduct training.
 - Logistics TF on the dengue vaccines allocation, delivery and management.
 - Surveillance TF.
- Coordinates with KMITS in generation and management of database of vaccinees.
- Conduct monitoring and addresses issues and concerns related to SBI implementation.
- Sets-up Central Command Post for SBI for Dengue Vaccine.

Advocacy & Communication Task Force:

- Assist the IDO-DPCB in the conducting of SBI for Dengue Vaccine launching.
- Develop IEC materials for the SBI for Dengue Vaccine.
- Issue press release for the SBI for Dengue Vaccine.
- Document activities on SBI for Dengue Vaccine.

AEFI Task Force

- Oversee the design and implementation of the Dengue Vaccine AEFI surveillance system.
- Lead in the conduct of AEFI case investigation and comprehensive data analysis.
- Generate AEFI Surveillance Report and provide information to DOH Exe-Com and other stakeholders for informed decision making.
- Provide technical assistance or training to develop/ enhance capacity of regional/ local AEFI surveillance.
- Convene meetings of the National AEFI Committee for causality assessment.

- Provide AEFI surveillance information to all stakeholders for policy and program use.
- Coordinate AEFI surveillance activities with EPI and FDA both at the national and regional levels.
- Maintain database of all reported AEFIs and submits database to FDA within the prescribed timeline.

Research Task Force

- To embark on researches relevant to the Dengue Vaccine Implementation Program. Specifically it will focus on the following:
 - a. Post-authorization surveillance
 - b. Cost-effectiveness
 - c. Operations
 - d. KAP on dengue/dengue vaccine
- To coordinate with appropriate agencies and DOH bureaus to come up with robust data for analysis.
- To disseminate and share study results to WHO, DOH, vaccine manufacturer and other stakeholder.
- To compose papers and submit for publication in a organized international journal.
- To organize focus groups, scientific fora and special meetings to detail the findings, highlight improvement, tackle challenges and assist in future planning.

Referral Networks Task Force

- Review existing policies/guidelines for Referral System Implementation.
- Develop policy for AEFI Referral System.
- Ensure dissemination of policy developed for AEFI Referral System.
- Monitor Referral System Functionality.
- Ensure AEFI Referral System.

Annex B. Dengue Vaccine Baseline Study

A baseline study will be conducted prior to the implementation of the school-based immunization for dengue vaccine in selected schools. There is limited baseline data on the common illnesses of Grade 4 pupils, 9 years old and above. Collection of such data is essential to guide in the analysis of Adverse Events Following Immunization (post vaccination monitoring) and aid in the eventual national dengue vaccination program implementation, planning and policy decision making.

General Objective:

- To compare the proportion of pupils (Grade 4, 9 years old and older) in public elementary schools with clinical consultations due to an illness

Specific Objectives:

- To determine the signs and symptoms experienced among selected Grade 4 pupils, 9 years old and above in public elementary schools in Region III, IVA and NCR.
- To determine the proportion of students who experienced signs and symptoms prior to dengue vaccination

Methodology

- Records review of 5-year (2011-2015) school clinic records in the selected schools shall be the method of determining the common illnesses. Primary data to be collected are the pupil's demographic profile and chief complaints.
- Two-stage stratified cluster sampling shall be used in determining the sample size. Each region has a 6, 260 pupils, with a total sample size of 18, 780 pupils.
- Participating schools shall be chosen through Probability Proportionate to Size (PPS) method (Table 1).
- Data collection teams, identified by the Regional Epidemiology and Surveillance Unit (RESU), shall be visiting the schools on February 2016.
- Consultations of Grade 4 pupils, 9 years and older found during records review shall be listed in the Records Review Form by the data collection team. These shall then be encoded in the provided data entry and emailed to the RESU and Epidemiology Bureau (EB) for data analysis and interpretation.
- Consolidation and data analysis shall be done by the Epidemiology Bureau.

Table 1. List of Selected Schools per Region

Region/Province/School	No. of pupils	School District
Region III		
Aurora Province		
Maria Aurora CS	196	Ma. Aurora
Bataan Province		
Cabcaben ES	370	Mariveles
Mt. View ES	108	Mariveles

Bulacan		
Mercado ES	167	Hagonoy West
San Martin ES (BBC)	355	San Jose del Monte West
Marangal Elementary School	815	San Jose del Monte
Panasahan ES	173	Malolos City South District
San Rafael ES (BBH)	612	San Jose del Monte West
Nueva Ecija		
Guimba West CS	153	Guimba West
Bakod Bayan ES	155	Cabanatuan City South District
M.S. Garcia ES	82	Cabanatuan City East District
San Isidro CS	264	San Isidro
Lazaro Francisco Elementary School	518	Cabanatuan City West District
Pampanga		
Sto. Rosario ES	729	Angeles City South District
EPZA Resettlement ES	480	Angeles City North District
San Juan Bano ES	236	Arayat East
Malabanias IS	292	Angeles City West District
Tarlac		
San Sebastian ES	124	Tarlac Central
Anupul ES	62	Bamban Tarlac
Capas West Central Elementary School	301	Capas West
Lourdes ES (Dapdap)	84	Bamban Tarlac
Bamban CS	223	Bamban
Zambales		
Sergia Soriano Esteban IS II	59	Olongapo City District II
Calapacuan ES	283	Subic
Beddeng-Mabangcal ES	63	San Narciso
Gordon Heights I Elementary School	370	Olongapo City District II
Region IV-A		
Batangas		
Libjo ES	205	Batangas City New District
Teodoro M. Kalaw MS	277	Lipa City North District
Kaylaway Elementary School	147	Nasugbu East
Gulod ES	103	Batangas City East District
San Isidro ES	76	Batangas City South District
Taal CS	237	Taal
Bagongpook ES	156	Lipa City West District
Cavite		
Antonio B. del Rosario Sr. Mem. Elementary School	710	Tanza
Indang CES	187	Indang
Malagasang II ES	661	Imus II

Laguna		
San Isidro ES	75	Calauan
Calamba Elementary School	519	Calamba
Guerilla Elementary School	99	Sto. Angel San Pablo City
Palo Alto ES	331	Calamba City West
Jose Rizal MS	820	Calamba City East I
Quezon		
Masin ES	171	Candelaria West
Parang ES	30	Mulanay
Atimonan CES (Merged Atimonan CS I & Atimonan CS II)	421	Atimonan
Lusacan ES	294	Tiaong
Guinayangan ES	289	Guinayangan
Rizal		
Sta. Cruz ES	1390	Antipolo City
National Capital Region (NCR)		
NCR (1st District)		
Arsenio H. Lacson Elementary School	426	Tondo VI, Manila
Manuel L. Quezon Elementary School	598	Tondo XI, Manila
NCR (2nd District)		
Kapitan Moy ES	296	Marikina City District II
San Joaquin ES	670	Pasig City District II
Balara ES	849	Quezon City School District VIII
San Diego ES	956	Quezon City School District VI
NCR (3rd District)		
Catmon IS	489	Malabon District V
Dalandanan ES	213	Valenzuela City Central District
Bagong Silang ES	950	Caloocan North II
NCR (4th District)		
Cipriano P. Sta. Teresa Elementary School	836	Taguig District II
Fourth Estate ES	1323	Parañaque City District II