



UPDATES ON THE COVID – 19 VACCINE DEPLOYMENT AND IMPLEMENTATION

Maintained by the Disease Prevention and Control Bureau
Office of the Director III for Policy and Planning
(COVID 19 and Vaccine)

Whole-of-Government and Whole-of-Nation Approach

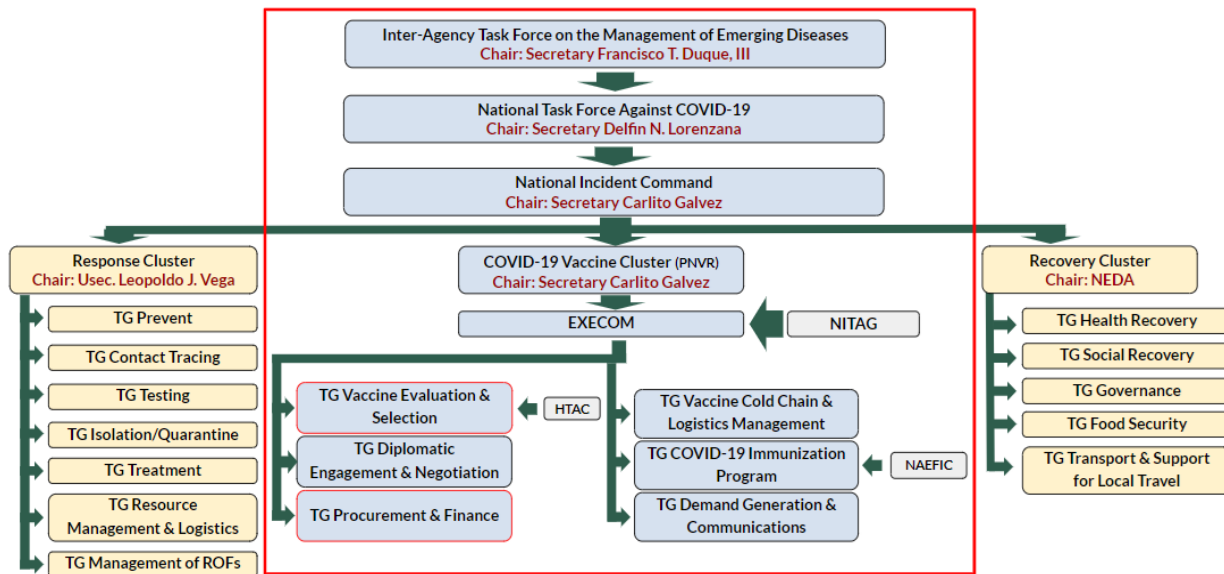




SPECIAL CHAPTER: GOVERNANCE

- **Establishment of a national level structure**
 - A robust system of leadership, an accountable and transparent decision-making structure and process to protect national interests.

COVID-19 Vaccine Cluster Organizational Structure





DOH Vision, Mission, and Goal



VISION

Safe, equitable, and
cost-effective
immunization for all
Filipinos by 2023



MISSION

To establish a sustainable
immunization program
against COVID-19



GOAL

Protect the public
and reduce morbidity
and mortality rates
due to COVID-19



DOH Objectives

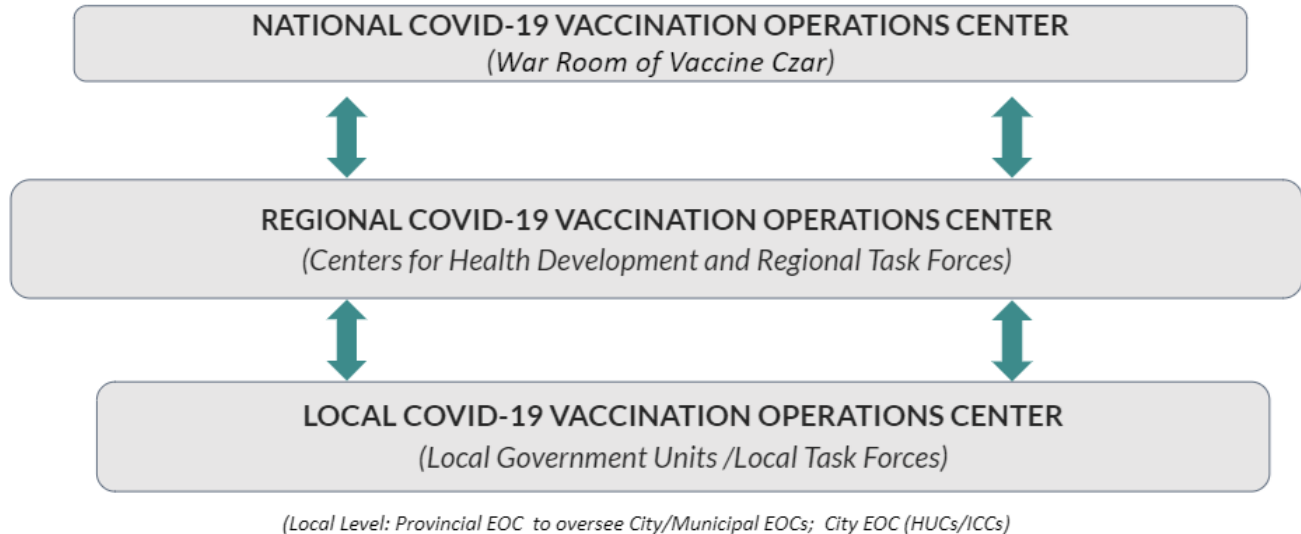
1. To **provide equitable access to COVID-19 immunization services** to priority groups or at most, 50 to 70 million Filipinos if with enough global supply by 2021.
2. To **increase demand for vaccination services** through capacity and confidence building measures;
3. To **ensure safety** in the immunization program and **provide support to patients with adverse reactions**; and
4. To **institute governance, regulatory, financing and performance accountability measures** for COVID-19 immunization



SPECIAL CHAPTER: GOVERNANCE

- Complemented with the activation of the Incident Command System at all levels

Establishing the COVID-19 Vaccination Operations Center



National Deployment & Vaccination Plan

CHAPTERS

- I. **Scientific Evaluation and Selection**
- II. **Access and Acquisition**
- III. **Procurement and Financing Process**
- IV. **Production, Shipment and Storage**
 - a. Supply Chain
 - b. Cold chain management
- V. **Distribution and Deployment**
 - a. Vaccination Delivery Strategies
 - b. Vaccine Deployment Strategies
- VI. **Implementation of Nationwide Vaccination**
 - a. Masterlisting, Microplanning and Mapping of Vaccination Sites and Teams
 - b. Human Resource Management and Training
 - c. Vaccine Administration Policies
 - d. Infection Prevention and Control (IPC), Injection Safety and Management of Health Care Waste
- VII. **Assessment, Evaluation and Monitoring**
 - a. Vaccine Safety Monitoring, Management of AEFI and Immunization Safety
 - b. Safety Surveillance and Response
 - c. Monitoring and Evaluation Framework, and Reporting Mechanism
- VIII. **Special Chapters:** Governance, Data Management and Risk Communication and Demand Generation



Chapter V: Distribution & Deployment

Vaccination Delivery Strategies

- Priority populations for COVID-19 vaccinations were identified based on the WHO Strategic Advisory Group of Experts on Immunization (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination and reviewed by the National Immunization and Technical Advisory Group.

WHO SAGE Framework	
Overarching Goal	COVID-19 vaccines must be a global public good. The overarching goal is for COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world.
Principles	Human Well-Being, Equal Respect, Global Equity, National Equity, Reciprocity, Legitimacy



Chapter V: Distribution & Deployment

PRE-IMPLEMENTATION ACTIVITIES

Identification
vaccine &
eligible
population

Identification of
Simulation Areas

Masterlisting,
Screening and
Registration

Vaccine
Allocation &
Distribution

✓ Evaluation and Selection of Vaccine

- FDA Approval (EUA) thru EO of the President
- Other considerations
 - subjects of Phase III clinical trials
 - mass vaccination
- Vaccine Expert Panel/Health Technology Assessment Council/National Immunization Technical Advisory Group recommendations

✓ Simulation

- geographic
- priority eligible population
- sample size
- vaccination sessions
- vaccination strategies
- vaccination processes

✓ Profiling & Screening:

- History and PE; possibly, diagnostics
- ✓ **Registration:** With document requirements; health declaration form & informed consent; & schedule
- ✓ **Use of digital platform**

✓ Simulation Areas (with high burden of disease)

✓ Full roll-out

IMPLEMENTATION ACTIVITIES

Vaccine
Administration

Post
Authorization
Surveillance

- ✓ **Fixed-post vaccination strategy:** RHUs, medical centers, hospitals, infirmaries, private clinics and health facilities of government agencies
- ✓ COMELEC election model with polling sites/precincts with Task Force (DOH as lead and PNP for security)

- ✓ **Duration of campaign:** Seven (7) days campaign; if with two doses, at least with 28 days interval per round

- ✓ **Requirements:** On-the site V/S & PE; informed consent

✓ AEFI monitoring and response

- Use of application for AEFI monitoring
- ✓ **Duration:** 12 months
- ✓ **Active and passive surveillance**

Prioritization and Allocation Framework

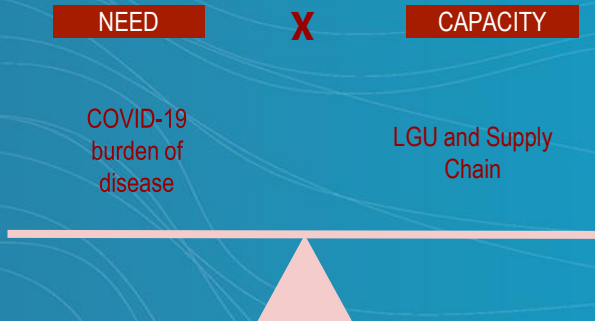
Prioritization in the context of scarcity

Optimizing all medical necessity and (3) preserve health system capacity

CRITERION 1	PRIORITY GROUPS
-------------	-----------------

Group	Priority Sectors
A	1: Workers in Frontline Health Services
	2: All Senior Citizens
	3: Persons with comorbidities
	4: Frontline personnel in essential sectors inc uniformed personnel
	5: Indigent Population
B	Other Frontline Workers and Special Populations
C	Remaining Population

CRITERION 2	GEOGRAPHIC LOCATION
-------------	---------------------



CRITERION 3	SUB-PRIORITY GROUPS
-------------	---------------------

EXPOSURE X MORTALITY RISK

For HCWs - by facility directly providing care, Level 3 DOH → LGU → private, other hospitals, community, stand alone

For Senior citizenss - institutionalized, then **other senior citizens**

For indigents - in locality with highest burden, with high risk comorbidities, etc

Phase 1 - Priority Eligible A

A1	Frontline workers in health facilities both national and local, private and government, 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	Adults with comorbidities not otherwise included in the preceding categories.
A4	Frontline personnel in essential sectors both in public and private sectors, including uniformed personnel, and those in working sectors identified by the IATF that are directly client facing and cannot dutifully meet minimum public health standards.
A5	Poor population based on the National Household Targeting system for Poverty Reduction (NHTS-PR) not otherwise included in the preceding categories.

Phase 2 - 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 poor population based on the NHTS-PR
B5	Overseas Filipino Workers
B6	Other Remaining workforce

Phase 3 - Priority Eligible C: Rest of the Filipino population not otherwise included in the above groups

Sub-prioritization: Priority Group A1

CRITERION 1		PRIORITY GROUPS
Group	Priority Sectors	
A	1: Workers in Frontline Health Services	
	2: All Senior Citizens	
	3: Persons with comorbidities	
	4: Frontline personnel in essential sectors inc uniformed personnel	
	5: Indigent Population	
B	Other Frontline Workers and Special Populations	
C	Remaining Population	

Priority A1.1	COVID-19 referral hospitals designated by the DOH;
Priority A1.2	Public and private 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; Among hospitals with a common service capability, the order of priority shall be from facilities owned by the DOH, then facilities owned by LGUs, then facilities owned by private entities;
Priority A1.3	Isolation and quarantine facilities such as temporary treatment and monitoring facilities and converted facilities (e.g. hotels, schools, etc) that cater to COVID-19 suspect, probable, and confirmed cases, close contacts, travellers in quarantine;
Priority A1.4	Remaining hospitals including facilities of uniformed services not catering to COVID-19 cases;
Priority A1.5	Government owned primary care based facilities such as Urban Health Centers, Rural Health Units and Barangay Health Stations, birthing homes, and Local Health Offices to include members of BHERTS, contact tracers, social workers;
Priority A1.6	Stand-alone facilities, clinics and diagnostic centers, and other facilities otherwise not specified (e.g. clinics, dialysis centers, dental clinics, and COVID-19 laboratories), dealing with COVID-19 cases, contacts, and specimens for research purposes, screening and case management coordinated through their respective local government units;
Priority A1.7	Closed institutions and settings such as, but not limited to, nursing homes, orphanages, jails, detention centers, correctional facilities, drug treatment and rehabilitation centers, and Bureau of Corrections.

Priority Group A2 Guidelines

PRIORITY GROUP A2	
Priority A2.1	Institutionalized senior citizens including those in registered nursing homes and other group homes with elderly working together (e.g. convents).
Priority A2.2	All other senior citizens , including bed-ridden senior citizens at home
Vaccine	ASTRAZENECA* SINOVAC

MASTERLISTING Through LGU	<ul style="list-style-type: none"> • Tap registered and unregistered institutions (group homes, convents) • OSCA and DSWD registrations • Tapping senior citizen groups and federations • Open calls to general population • House visits for bed ridden senior citizens
IMPLEMENTATION	<ul style="list-style-type: none"> • Formats and fonts of templates • Rules on authorized legal representative • Adequacy of waiting areas ventilation + MPHS
PRECAUTIONS	<ul style="list-style-type: none"> • Seniors that are bedridden and with poor prognosis need medical clearance

Priority Group A3 Guidelines

Priority Group A3: Adults with Comorbidities	
Priority A3	<p>Any non-senior adult between 18-59 years old with any <u>clinically controlled</u> comorbidity</p> <p>Proofs of comorbidity shall include:</p> <ul style="list-style-type: none"> • Medical certificate from an attending physician issued within the past 18 months • Prescription to medicines for the past 6 months • Hospital records such as the discharge summary and medical abstract • Surgical records and pathology reports
Vaccine	SINOVAC

SUBPRIORITIZATION	<ul style="list-style-type: none"> • By geographic burden of disease
MASTERLISTING	<ul style="list-style-type: none"> • LGU of hospital registries • Tap disease support groups, chapters • House visits by community workers • Open call for general population
IMPLEMENTATION	<ul style="list-style-type: none"> • Cannot be administered to those in active disease (uncontrolled or with symptoms)
PRECAUTIONS	<ul style="list-style-type: none"> • Those in immunodeficiency need medical clearance after dialogue with physician (Autoimmune disease, Persons living with HIV, Persons with cancer or malignancy, transplant patients, persons using steroids) • Controlled comorbidity and active disease to be screened during vaccination day

VACCINE RECIPIENT - NOT IN ACTIVE DISEASE

The vaccine recipient should be screened on the day of the vaccination. They are not in active disease OR they are stable/controlled if they:

1. Have no symptoms
2. If vital signs are taken, have stable vital signs
(defer ONLY if hypertensive urgency > 180/90 mmHg)
1. Have had no attacks, admissions, or changes in medication for the past 3 months
2. Currently not hospitalized

Who are part of Priority Group A3?

Filipinos with the following diseases should be prioritized because they would have higher risk of having severe COVID-19 if infected. Other diseases not stated but fall in the general categories may also belong to Priority Group A3.

1. **Chronic respiratory disease and infection** such as asthma and respiratory allergies, Chronic Obstructive Pulmonary Disease, Interstitial Lung Diseases, Cystic Fibrosis, or Pulmonary Hypertension, Pulmonary Tuberculosis, Chronic bronchitis, Histoplasmosis, Bronchiectasis
2. **Cardiovascular disease** such as hypertension coronary heart diseases, cardiomyopathies, peripheral artery disease, aortic diseases, rheumatic heart disease, congenital heart disease
3. **Chronic kidney disease**
4. **Cerebrovascular disease** such as stroke and transient ischemic attack
5. **Cancer** or malignancy
6. **Diabetes Mellitus** Type 1 and Type 2
7. **Obesity**
8. **Neurologic disease** such as dementia, Alzheimer's Disease, Parkinson's Disease, Epilepsy and Seizures, Bell's palsy, Guillan-Barre Syndrome, or acute spinal cord injury
9. **Chronic liver disease** such as hepatitis cirrhosis, non-alcoholic fatty liver disease
10. **Immunodeficiency state** such as genetic immunodeficiencies, secondary or acquired immunodeficiencies (i.e. prolonged use of corticosteroids), HIV infection, Solid organ or blood transplant patients
11. **Other diseases** such as sickle cell disease, Thalassemia or Down Syndrome

Frequently Asked Questions

On LGU-led Masterlisting and Vaccination

WHERE WILL I MASTERLIST?

LGU of your permanent residence, current residence, or workplace

WHERE WILL I BE VACCINATED?



- In LGU-defined vaccination centers linked to appropriate health care provide networks for AEFI management
- Scheduled vaccination may be done on separate days or in:
 - HIV treatment hubs, due to confidentiality considerations
 - TB centers, esp for MDRTB wherein full vaccination team will need to wear N95 masks
- At home through house-to-house vaccination, for those bed-ridden who have medical clearance for vaccination

LGUs to enable vaccination by having accessible vaccination sites and/or facilitating transportation of recipients, in compliance to minimum public health standards

On vaccinating Senior Citizens

WHERE WILL SENIOR CITIZENS GET VACCINATED?

- They can be vaccinated at their assigned LGU sites
- Those bed-ridden who have clearance can be vaccinated through scheduled house-to-house teams or through LGU-facilitated transportation of senior citizens to vaccination centers via shuttles or allowing private transportation.

IS CLEARANCE NEEDED FOR SENIOR CITIZENS?

- Medical clearance is **NOT** needed prior to vaccination **UNLESS** they meet conditions needing clearance (Autoimmune disease, HIV, Cancer/ Malignancy, Transplant Patients, Undergoing steroid treatment, Patients with poor prognosis).
- However, they will still be screened for active disease during vaccination day.

On Medical Clearance

WHO NEEDS MEDICAL CLEARANCE?

1. Autoimmune disease
2. HIV
3. Cancer/ Malignancy, if taking immunosuppressive drugs
4. Transplant Patients
5. Undergoing steroid treatment
6. Patients with poor prognosis or bed-ridden

The objective of medical clearance is to have individual risk-benefit assessment depending on the state of each patient. This may be done through:

- Teleconsultation
- Consultation at designated facilities or hubs, if applicable
- Through RHU or other primary care centers designated by LGU

DO OTHER CONDITIONS NEED MEDICAL CLEARANCE PRIOR TO VACCINATION?

Other co-morbidities that do not fall under the above subgroups do NOT need medical clearance prior to vaccination.

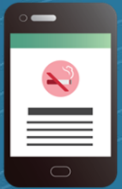
Screening for active disease shall be done on vaccination day through interview in the health screening form and on-site physician assessment, if necessary.

VACCINATION DAY:

Health Screening and Deferment



DO NOT VACCINATE	Age below 18 yo Severe anaphylactic reaction	<u>When to vaccinate?</u>
DEFER VACCINATION <i>*For recipients whose second dose will be delayed, give second dose immediately after time interval indicated</i>	With symptoms, in active disease	Refer to MD
	COVID19 case	After recovery
	Close contact to COVID-19 case	After 14d quarantine
	Received other vaccine	After 14d interval
	Pregnant	After 1st trimester
	Hypertensive emergency 180/120 with signs and symptoms of organ damage	Bring to ER

Other Vaccination Day Reminders



- **Informed consent shall only be taken ONCE**, during the first dose. A separate informed consent form for the second dose is not necessary.
- **Vaccination sites should ensure compliance to minimum public health standards**
Especially regarding maximum capacity, ventilation, engineering controls such as barriers and sectioning, availability of handwashing stations, wearing of face mask/shield
- **Post-vaccination reminders and prompts to confirm presence of AEFI.**
Minimum frequency: one (1) week, two (2) weeks, one (1) month, three (3) months, six (6) months, twelve (12) months after the date of vaccination. LGUs may have more frequent interval of monitoring depending on their capacity and agreements with the vaccination sites.

Post-Vaccination Instructions



POST-VACCINATION INSTRUCTIONS

YOUR COVID-19 VACCINATION

Today, you have received a vaccine against COVID-19. This vaccine will protect you from the COVID-19 virus.

Before leaving, please make sure you have the schedule for your second dose of the vaccine. You will need the second dose to have the full effect and protection of the vaccine. Please make this appointment a priority.

Also make sure to safeguard your vaccination card and bring it with you in your next appointment for the second dose of the vaccine.

WHAT TO EXPECT AFTER VACCINATION

As with any vaccine, you may experience adverse effects after receiving a COVID-19 vaccine. Common adverse effects include

- Tenderness, pain, warmth, redness, itching or swelling on the arm where you got the injection
- Feeling tired (fatigue)
- Chills or feeling feverish
- Headache
- Joint pain or muscle ache

These are signs that your body is building protection against COVID-19.

WHAT TO DO IF YOU EXPERIENCE THESE ADVERSE EFFECTS AFTER VACCINATION

These adverse effects will usually go away on their own within one to three days. If these do not go away after a few days or seem to be getting worse, consult a healthcare professional.

If you have pain at the injection site or fever, headaches or body aches after vaccination, you can choose to take acetaminophen or ibuprofen. These will help reduce the above symptoms. If there is swelling at the injection site, you can also use a cold compress.

WHAT TO DO IF YOU THINK YOU'RE HAVING A SEVERE REACTION TO THE VACCINE

There is a rare chance that the COVID-19 could cause a severe reaction. You should go to your nearest hospital if you experience severe or unusual symptoms such as difficulty breathing, wheezing, swelling of the face, and tightening of the throat.

OTHER THINGS TO REMEMBER AFTER GETTING VACCINATED





Even if the vaccine protects from symptomatic and moderate to severe forms of COVID-19, you should still continue to protect yourself and your family by practicing the BIDA Behaviours:

- Wearing of face mask and face shield
- Wash/sanitize hands
- Avoid crowded places
- Ensure good ventilation at home or place of work
- Maintain 1 meter social distancing

FOR MORE INFORMATION

Contact your LGU hotline/vaccination site at

or visit the links at the bottom of this page.

 OfficialDOHgov  @DOHgovph  doh.gov.ph  (02) 894-COVID / 1555

The need to continuously implement minimum public health standards after vaccination including wearing of face masks and shields, maintaining physical distancing, hand hygiene, seeking consult and immediate quarantine or isolation if exposed or with symptoms, among others.

Second dose schedule and reminders

Mechanisms to report any adverse event after immunization to the vaccination site or the LGU

Initial treatment or management for common adverse events

Contact information or location for consultations or referrals

PARALLEL ACTIVITIES IN THE VACCINATION SITE?

Parallel activities are allowed in the vaccination site provided that they are:

- A.) separate from the vaccination and monitoring area,
- B.) following minimum public health standards,
- C.) Done after vaccination, and not a pre-requisite to vaccination
- D.) Does not impact efficient operations of the vaccination program

Possible activities	PHILHEALTH <ul style="list-style-type: none">- Membership updating- Registration to primary care provider- To enable financial coverage esp in case of AEFI or healthcare after vaccination	LGU should coordinate with PhilHealth LHIO
	NATIONAL ID/ PHILSYS	LGU should coordinate with NEDA/PSA



Chapter VI: Implementation of a Nationwide Vaccination

Determining the Teams and Personnel Required

Operational Guidelines: Vaccination Teams

- | | |
|---|--|
| <ul style="list-style-type: none">● Vaccination Team composition (6)<ul style="list-style-type: none">○ (2) Screening and Assessment: Physician/Nurse/Midwife○ (1) Health educator: Allied Professionals/ Volunteers from partner agencies (e.g. teachers, social workers, medical students, etc)○ (1) Vaccinator: Nurse/Midwife of RHU○ (2) Documenter/Recorder and V/S taking: Midwife/BHW/Health Staff / Volunteers from partner agencies (e.g. teachers, social workers, medical students, etc)● One (1) supervisor, preferably a physician, for at least three (3) vaccination teams | <ul style="list-style-type: none">● Other personnel needed in the implementing unit (fixed point strategy):<ul style="list-style-type: none">○ Cold Chain Officers○ Local Officials (barangay captains)○ Security Personnel (PNP)○ Drivers○ Safety Officers (Barangay Tanods, among others)● Personnel needed in the community/health facility (house-to-house strategy):<ul style="list-style-type: none">○ Social mobilizers: BHWs○ Navigators/Transport: BHWS and Local Officials, Health Facility Management |
| <ul style="list-style-type: none">● AEFI Composite Team composition (2)<ul style="list-style-type: none">○ (1) Monitor: Paramedic/Nurse/Midwife○ (1) Surveillance: Surveillance Officer/Nurse/Midwife /Pharmacist | <ul style="list-style-type: none">● One (1) vaccination team = One (1) AEFI/AESI composite team● One (1) vaccination team: 100 vaccinees/day |



Chapter VI: Implementation of a Nationwide Vaccination

Vaccination Implementing Units

Establishments authorized to conduct the vaccination activity

Medical centers, hospitals and infirmaries (private and public) i

Rural Health Units

Health facilities of other government agencies (e.g. AFP hospitals and facilities, 71

BJMP/BuCor health facilities, and DepEd clinics)

Private clinics

May have several vaccination sites/posts within its vicinity, e.g. a medical center can have several vaccination sites/posts within its vicinity

Vaccination sites/posts

Areas within the implementing units where the vaccination administration proper is conducted

- Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites



DM No. 2021 - 0116: Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites

LVOC - to designate COVID - 19 vaccination sites through compliance with the LGU assessment tool

NVOC/RVOC - to designate vaccination sites directly handled by the national government

ASSESSMENT TOOL FOR THE IDENTIFICATION OF COVID - 19 VACCINATION IMPLEMENTING UNITS and VACCINATION SITES

- General information
- Physical Plant
- Personnel
- Information management
- Equipment/ Instruments



VACCINATION SITES - composed of vaccination teams, follows MPHS and implements a logistic system



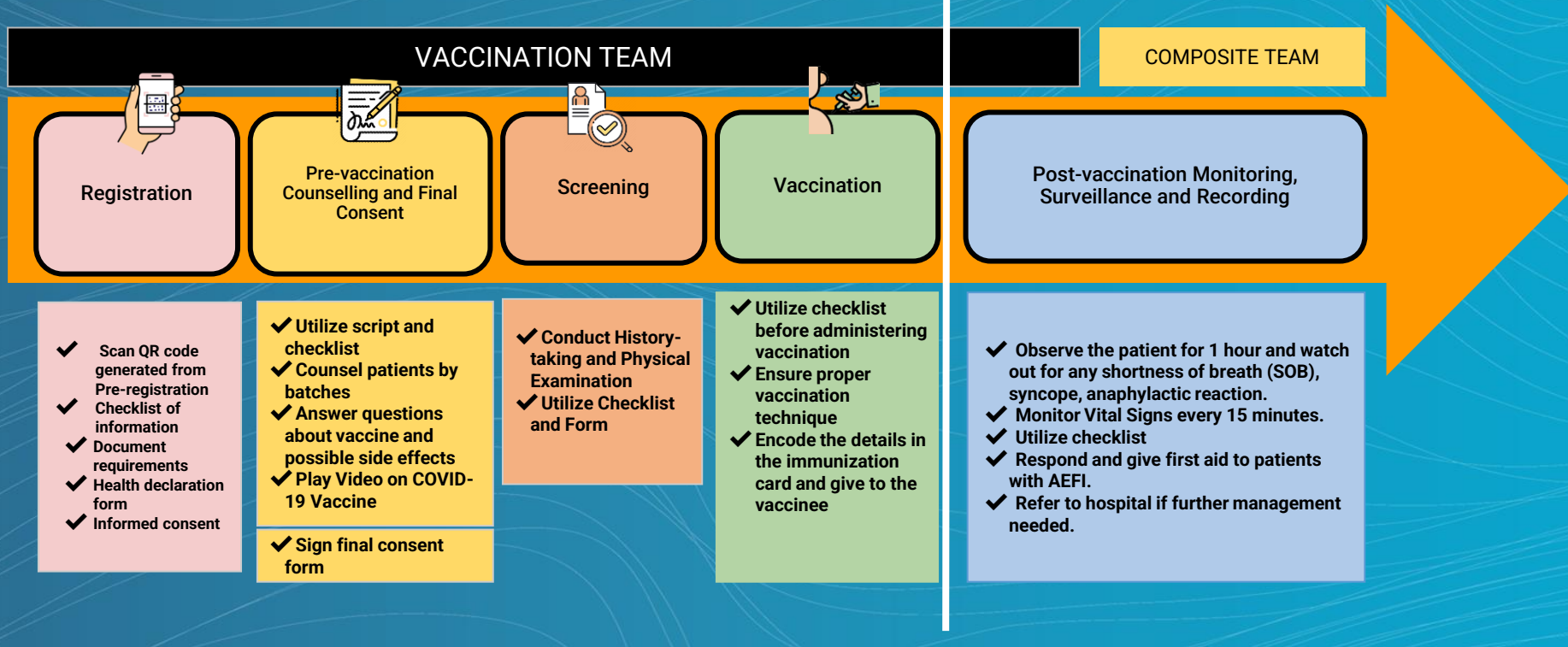
Permanent fixed-post vaccination strategy through the COVID - 19 vaccination units and vaccination sites



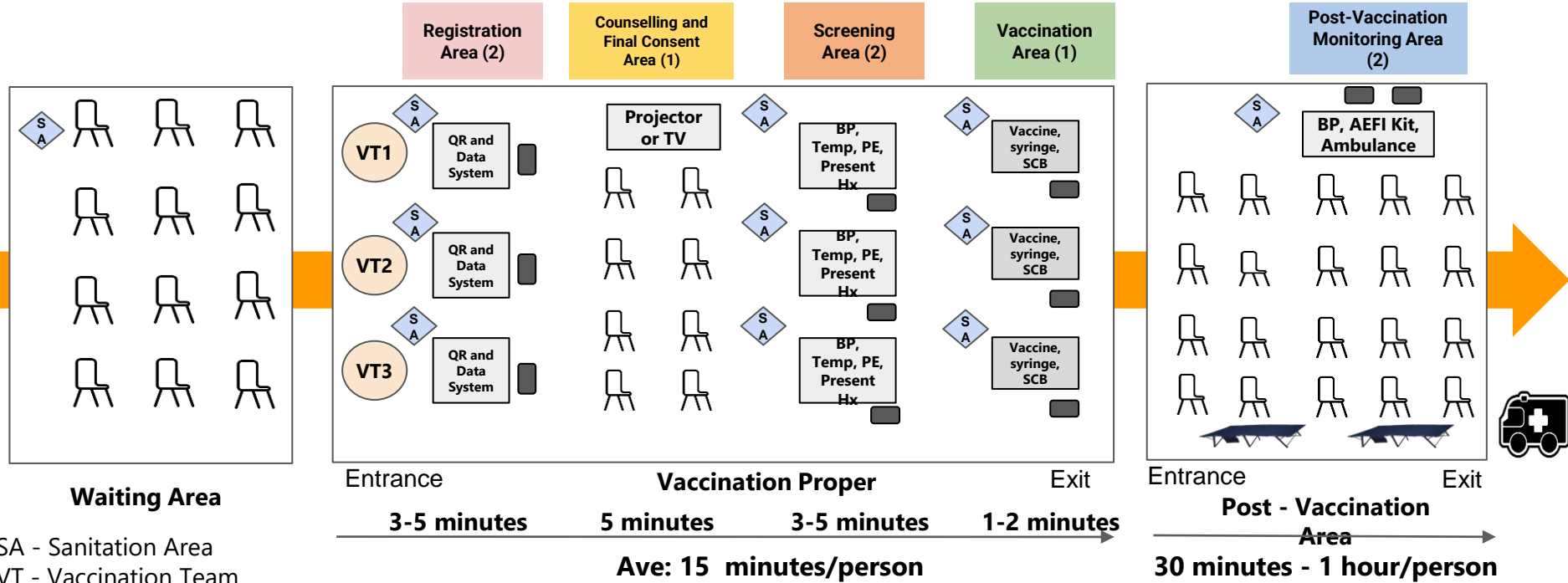
Off-site or non-health facility-based sites - linked to a licensed health facility (such as public or private hospital or rural health units); under the supervision and accountability of LGU through the CHOs/MHOs/RHUs



Chapter VI: Implementation of a Nationwide Vaccination



Vaccine Administration Policies





Ideas to Scale up the Vaccination Program



1. Tap available support - private sector, military, other NGA

2. Lessen on-site processes by finishing most documents/ screening before

3. Larger vaccination sites for efficiency gains and reduce mass gatherings E.g. gym linked to health facility, engineering controls for minimum health standards



4. Other non-health cadres to perform functions that will reduce HCW administrative workload



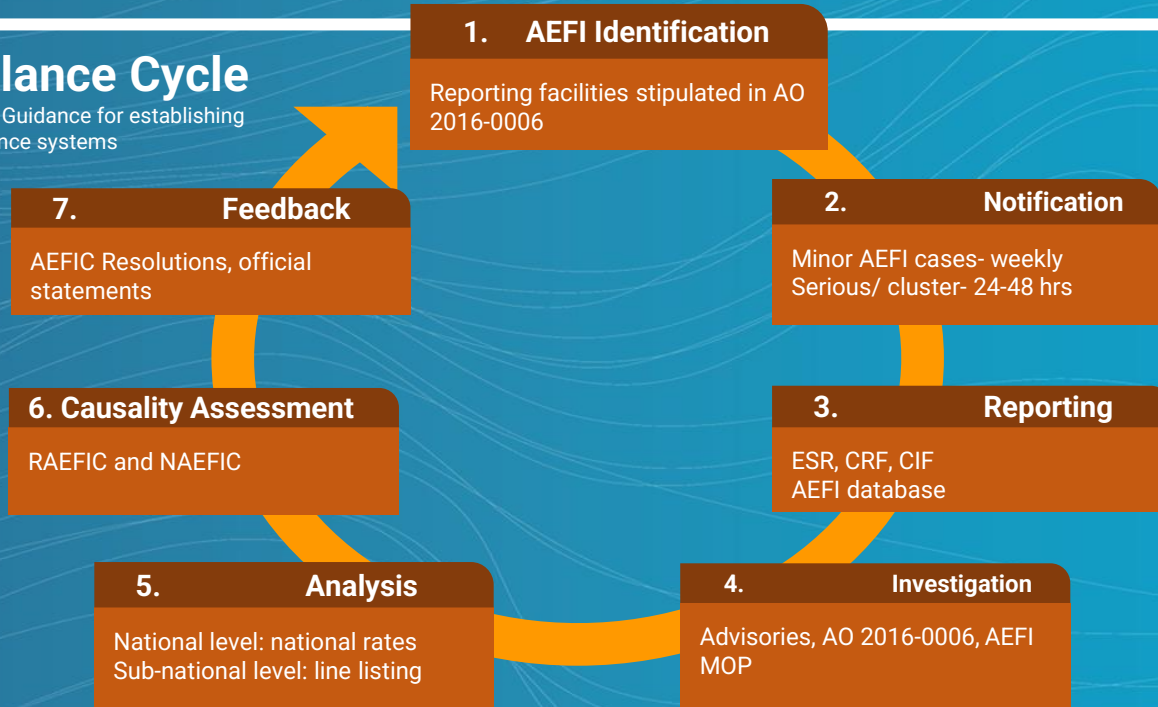
5. Better business processes: marketing, organizing, manpower management, ICT tools and platforms,



Chapter VII: Assessment, Evaluation and Monitoring

AEFI Surveillance Cycle

World Health Organization, Guidance for establishing AEFI surveillance systems



AEFIC - Adverse Event Following Immunization Committee
R/NAEFIC - Regional/National AEFIC
MOP - Manual of Operations
ESR - Event-based Surveillance and Response
CRF - Case Report Form
CIF - Case Investigation Form



SPECIAL CHAPTER: Risk Communication and Community Engagement



Significant Updates Procurement and Finance

No cost vaccines - COVAX Facility



15%

Country's Population

(22 million Filipinos)

Significant Updates Procurement and Finance



148
Million

Doses for 2021

Significant Updates Procurement and Finance



50-70
Million

Filipinos will be vaccinated in 2021.

Indicative Timeline and Numbers of COVID - 19 Vaccine Arrival

VACCINE HORIZON: Moving the Vaccines FAST: Indicative Vaccine Deliveries

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total Vaccines Deployed 1,233,500/1,525,600 (80.85%) <i>+ 1,000,000 (Sinovac) delivered yesterday</i> Total Doses: 2,525,600 Total HCWs Vaccinated: 702,362 85.85% over Targeted 1st Dose 46.04% over Total Vaccines Deployed 41.32% over Total HCWs Weekly Total Vaccination 1st Week Total: 35,289.00 2nd Week Total: 173,340.00 3rd Week Total: 185,533.00 4th Week Total: 271,459.00 Vaccination Sites: 2,497 Coverage: 771 Cities and Municipalities	April Deliveries Sinovac 1,500,000 Gamaleya 100,000 COVAX 1,000,000 Total Doses: 2,600,000 May Deliveries Sinovac 2,000,000 Gamaleya 2,000,000 AstraZeneca 2,600,000 COVAX 1,000,000 Moderna 194,000 Total Doses: 7,974,000 June Deliveries Sinovac 4,500,000 Gamaleya 4,000,000 Novavax 1,000,000 AstraZeneca 2,000,000 Total Doses: 11,500,000	July Deliveries Sinovac 3,000,000 Gamaleya 4,000,000 Moderna 1,000,000 Novavax 2,000,000 J&J 1,500,000 AstraZeneca 2,000,000 Total Doses: 13,500,000 August Deliveries 20,000,000 Doses September Deliveries 20,000,000 Doses	October Deliveries 20,000,000 Doses November Deliveries 20,000,000 Doses December Deliveries 20,000,000 Doses Total: 140+ Million Doses excluding COVAX Target Vaccination: April - May: 500k to 1M per week June-July: 2M to 3M per week

COVID-19 vaccination remains an essential strategy to complement existing implementation of PDITR

PREVENT

DETECT

ISOLATE

TREAT

REINTEGRATE

ENGINEERING CONTROLS

ADMINISTRATIVE
CONTROLS

PPE & PUBLIC HEALTH
MEASURES

*PDITR+ across
all settings*



WORKPLACE
HANDBOOK





REFERENCES:

- For Demand Generation Playbook: tinyurl.com/DemGenPlaybook
- For standard templates, collaterals and FAQs: bit.ly/RESBAKUNAMaterials
- For LVOCs/LGUs/other local partners or groups bit.ly/COVIDVaccinesPHChampionsKit
- COVID-19 vaccination policies bit.ly/COVIDVaccinePolicies
- Information on COVID-19 vaccines <https://doh.gov.ph/vaccines> and covid19.gov.ph/vaccine



RESBAKUNA: Kasangga ng BIDA

Sama-sama tayo sa **BIDA
BAKUNATION!**

Maraming Salamat po!