
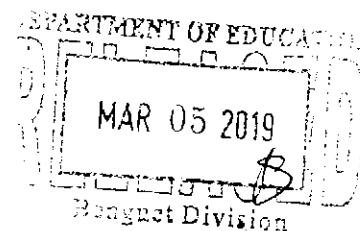
	<p style="text-align: center;">Republic of the Philippines Department of Education Cordillera Administrative Region SCHOOLS DIVISION OF BENGUET Wangal, La Trinidad, Benguet</p>		Document Code: SDO-GOF-QF-CID-OSDS-SDS-003 Revision: 00 Effectivity date: 09-03-2018
DIVISION MEMO NO. 64 S. 2019		Name of Office: SGOD	

To: Schools District Supervisors, Coordinating Principals
 Heads, Public Secondary Schools
 School/District Nurses
 All others concerned

From: 
MARIE CAROLYN B. VERANO, CESO VI
 Schools Division Superintendent

Subject: **SELECTIVE MEASLES VACCINATION FOR TARGETED POPULATION THROUGH
 "PROJECT BABY COME BACK TO BAKUNA" IN BENGUET DIVISION**

Date: March 5, 2019



1. The Schools Division of Benguet is in harmony with the support of DepEd – CAR to the DOH in its endeavor to immediately control the ongoing transmission and prevent wider measles and emerging diseases outbreak.
2. Defined in the DOH CHD CAR MEMO CIRCULAR No. 2019-002 is the selective target population for School-Based Immunization (III.A.3.B)
 - a. Target Population: **Grade 1 to Grade 6 learners who have NOT received at least 2 doses of measles –containing vaccine (MCV) will be given one (1) dose of MCV based on the profiling covered schools.**
 - b. Route and Dosage: one (1) dose of MCV 0.5 ml given subcutaneously at the deltoid area.
3. Thus, in reference to Regional Memorandum No. 79 .2019. (3) **All Schools with Kinder to Grade 6 shall conduct profiling of learner’s measles status and obtaining of parenteral consent using the Measles Notification Letter and Consent Form. The summary shall be submitted to their respective Barangay Health Stations or Municipal Health Stations on or before March 15, 2019 for immediate appropriate intervention. Schools shall coordinate with the local health unit for the vaccination of their “missed”, “vaccinated” and “unknown status” learners.**
4. (4) Schools shall implement the following critical measures:
 - a. Educate learners of the methods to minimize spread of the disease.
 - b. Advice learners with flu-like symptoms (fever, body malaise, cough, colds) to stay at home and observe for development of rashes in the next 3-4 days.
 - c. Advice learners with measles to remain isolated until 4 days after the appearance of rashes.
 - d. Promptly isolate suspected cases and refer learner to the nearest health facility for proper case investigation.
5. Learners indicated under the target population Defined in the DOH CHD CAR MEMO CIRCULAR No. 2019-002 (III.A.3.B) and/or with history of “missed”, “unknown status” of MCV shall be endorsed to the local health unit.
6. Attached is a copy of Measles Notification Letter and Consent Form.
7. Immediate dissemination to all concerned is desired.



Republic of the Philippines
Region: CAR



NOTIFICATION LETTER

School:	Division:
Address:	
Student's Name:	
Grade:	Section:
Student's Address:	
Name Of Parent/ Guardian:	
Contact Number:	

Dear Parent/Guardian:

The Department of Health - Center for Health Development - Cordillera Administrative Region, in collaboration with the Department of Education Cordillera Administrative Region, is set to conduct a Selective Mass Measles and Polio Vaccination for Pre-school and Grades 1 to 6 learners through the *Project Baby Come Back to Bakuna*. This activity aims to address the continuing increase of measles cases in the region.

This Notification is being issued to inform you of the activity that will be conducted for the month of February to March 2019. To screen if your child/ward is eligible for vaccination, please check if your child/ward has received the following:

- Anti-Measles vaccine or Measles-Mumps-Rubella Vaccine at 9 months old
- Measles-Rubella or Measles-Mumps-Rubella Vaccine at 12 months old
- Measles-Rubella or Measles-Mumps-Rubella Vaccine during the School-Based Immunization activity from 2015 to 2018
- Measles-Rubella or Measles-Mumps-Rubella Vaccine during the *Ligtas Tigdas* (Supplemental Immunization Activity) last October to November 2018

If you have checked two (2) or more boxes above, please **DISREGARD** filling up the Acknowledgment and Consent Portion below

If you have checked one (1) or none of the boxes above, please **ACCOMPLISH** the Acknowledgment and Consent Portion below

Should you have further questions/ clarifications on this matter, please get in touch with the School Health Personnel/ School Head or the DOH- CHD- CAR NIP Hotline: 0947195984.

Thank you.

Very truly yours,

(Name and Signature of School Head)

ACKNOWLEDGMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of *Project Baby Come Back to Bakuna*. I have also read and understood the information regarding the intended health service to be given to my child/ward.

(Please check in the box provided)

Yes, I will allow my child/ward to be immunized with one (1) dose of Measles-Containing Vaccine

No, I will not allow my child/ward to be immunized with one (1) dose of Measles-Containing Vaccine
Reason (Please specify): _____

Name and Signature of Parent/ Guardian