



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

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**DEPARTMENT CIRCULAR**

No. 2022- 015a

**TO: 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; PRIVATE SECTOR PARTNERS; AND OTHERS CONCERNED**

**SUBJECT: Interim Operational Guidelines on the Use of Physician’s Clinics in the Provision of COVID-19 Vaccination Services**

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**I. RATIONALE**

As the country continues to ramp up the implementation of the National COVID-19 Vaccine Deployment and Vaccination Program with the increasing number of COVID-19 vaccine doses arriving in the country, the National Government finds it necessary to activate more COVID-19 vaccination sites and/or utilize more service points to improve access to the general public.

The Philippine National Government, in its pursuit to meet its COVID-19 vaccination targets, exerts all available means to increase access to the vaccination sites established by the Local Government Units (LGUs), National Government Agencies (NGAs), and private sector entities. In partnership with the Philippine Medical Association (PMA), the National Government sees the possibility of incorporating the COVID-19 vaccination services in the provision of services as provided by the medical doctors in their respective consultation services.

This guideline shall follow all relevant issuances from the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), the National COVID-19 Vaccination Operations Center (NVOC), and the Department of Health (DOH). It shall serve as guidance to the Local Vaccine Operations Center (LVOC), which is primarily responsible for the oversight to the implementation of vaccination services in doctor’s clinics.

## II. OBJECTIVES

The Department Circular (DC) provides interim operational guidelines on the use of physicians' clinics in the provision of the COVID-19 vaccination services.

## III. SCOPE OF APPLICATION

This DC shall apply to all concerned agencies of the NVOC, RVOCs or Centers for Health Development (CHDs), LVOCs or Local Government Units (LGUs), Provincial Health Offices (PHOs), City Health Offices (CHOs), Rural Health Units (RHUs), Implementing Units, and Physicians' Clinics both public and private.

## IV. GENERAL GUIDELINES

- A. The conduct of COVID-19 vaccination activities in physicians' clinics shall follow the principles stipulated under the National COVID-19 Vaccine Deployment and Vaccination Plan and DOH Administrative Order (AO) No. 2021-0005 entitled "*National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization*", Department Memorandum No. 2021-0016 entitled *Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites*, and all other relevant policies, guidelines, and advisories released by the DOH.
- B. Instructions for COVID-19 vaccination providers and administrators on storage and handling, dosing and schedule, administration, contraindications, warnings, adverse reactions, and use with other vaccines shall follow the product-specific EUA provided by the FDA and vaccine-specific guidelines issued by the DOH. Copies of the EUA may be accessed at <https://www.fda.gov/ph/list-of-fda-issued-emergency-use-authorization/>.
- C. Protocols for the management of Adverse Effects Following Immunization (AEFIs) and Adverse Events of Special Interest (AESIs) shall follow the provisions of the approved COVID-19 vaccine EUA of the FDA, succeeding guidelines from the FDA, and other recognized professional organizations and regulatory bodies, as new evidence arises. Interim Adverse Event Following Immunization (AEFI) Pathways may be accessed at [bit.ly/RESBAKUNAFactsheets](http://bit.ly/RESBAKUNAFactsheets).
- D. Registration, screening, counseling, vaccine recipient reporting, and AEFI monitoring and referral shall follow **Administrative Order No. 2022- 0005**, otherwise known as, *Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines*, DM 2021-0175, or "*Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines and Additional Guidelines for Sinovac Vaccine Implementation*", DM 2021-0218 or "*Further Clarification on the National Vaccination Deployment Plan on Health Screening and Management of Adverse Events Following Immunization*," DM 2021-0220 or "*Interim Guidelines on Adverse Events Following Immunization (AEFI) Community Management and*

*Crisis Communications Related to COVID-19 Vaccines*”, and other relevant policies issued by the DOH.

## V. IMPLEMENTING GUIDELINES

### A. Vaccination Rollout in Physicians’ Clinics

#### 1. Rollout Approach

- a. COVID-19 vaccination in physicians’ clinics shall be incorporated with the regular consultation services provided by the physicians and shall be part of the vaccination rollout strategies of the National Government.

#### 2. Eligible Population for Vaccination in Physicians’ Clinics

- a. Individuals 18 years old and above under all Priority Groups are eligible for vaccination with COVID-19 vaccines in physician’s clinics. The eligible Priority Groups are:
  - i. **Priority Group A1:** workers in essential health services
  - ii. **Priority Group Expanded A1:** Overseas Foreign Workers (OFWs) and family members of A1
  - iii. **Priority Group A2:** Senior Citizens
  - iv. **Priority Group A3:** Individuals with Comorbidities
  - v. **Expanded A3:** Pregnant Women
  - vi. **Priority Group A4:** Workers in Essential Services
  - vii. **Priority Group A5:** Poor Population
  - viii. **Rest of the Adult Population (ROAP)**

#### 3. Eligible Dose Series to be Administered in Physicians’ Clinics

- a. The **administration of booster doses** of all Priority Groups (as stipulated in the provisions above) shall be allowed in physicians’ clinics.

#### 4. Eligible Vaccine Portfolios

- a. Only COVID-19 vaccines stored at +2 to +8 °C shall be allowed to be utilized in the implementation of vaccination services in physicians’ clinics, depending on vaccine supply. These vaccines are the following:
  - i. CoronaVac (Sinovac) COVID-19 vaccine
  - ii. ChAdOx-1S recombinant (AstraZeneca) COVID-19 vaccine
  - iii. Sinopharm COVID-19 vaccine
  - iv. Ad26.COV2.s (Janssen) COVID-19 vaccine
  - v. BNT162b2 (Pfizer -BioNTech) COVID-19 vaccine
  - vi. mRNA-1273 (Moderna) COVID-19 vaccine

- b. The NVOC shall determine the deployment strategies of COVID-19 vaccines based on the readiness of clinic vaccination sites to handle and manage specific vaccine portfolios.
5. The LGUs shall provide oversight to the implementation of vaccination services in physicians' clinics and shall serve as the clinics' implementing units.

## **B. Training and Capacity Building**

1. All individuals who shall participate in the National COVID-19 Vaccine Deployment and Vaccination Program are required to undergo several training courses:
  - a. Training courses under the DOH Academy on the National COVID-19 Vaccine Deployment and Vaccination Program which is accessible in this link: <https://learn.doh.gov.ph/course/index.php?categoryid=37>.
  - b. NVOC training on specific COVID-19 vaccines
  - c. Other trainings conducted by NVOC/DOH (*optional*).

## **C. Clinic Selection and Preparation**

1. All physicians' clinics shall undergo the assessment of the Regional or Local Vaccination Operations Center (RVOC or LVOC) and are subject to approval prior to operations.
2. All physicians' clinics shall install and provide appropriate engineering controls in accordance with DOH DM No. 2020-0208 *Interim Guidelines on Enhancing Infection Prevention and Control Measures through Engineering and Environment Controls in All Facilities and Temporary Treatment and Monitoring Facilities during the COVID-19 Pandemic* and its amendments and updates. Engineering controls involve physical interventions or engineering modification of the facility or building and/or work processes to prevent or minimize exposure to the hazard, shall include but shall not be limited to the following:
  - a. Maintain physical distancing or spacing through the installation of physical barriers in enclosed areas where physical distancing may be compromised, i.e., sneeze guards (acrylic plastic sheets), glass panels, theater ropes and stanchions, hazard warning tape, etc.
  - b. Ensure adequate air exchange in enclosed (indoor) areas through the following strategies as cited in Department of Labor and Employment (DOLE) Department Order (DO) No. 224-21 *Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19*.

- c. Installation of handwashing, hygiene, and sanitation facilities in lieu of sinks should be readily available to all vaccine recipients.
- d. Installation of visual cues or signages to communicate:
  - i. Physical distancing of at least one meter
  - ii. Cough and sneeze etiquette
  - iii. Proper hand hygiene and control
    - 1. Face, eyes, nose, and mouth shall not be touched
    - 2. Thorough handwashing with soap and water for 20-30 seconds
    - 3. In the absence of soap and water, use an alcohol-based hand sanitizer ( $\geq 60\%$  alcohol) or isopropyl (or ethyl) alcohol. Hand sanitizer is not a replacement for good hand hygiene.
  - iv. Proper use and disposal of PPE
  - v. Other critical reminders in the PDITR strategy and BIDA Solusyon ([bit.ly/BIDAPartners](http://bit.ly/BIDAPartners))
- e. Administrative controls shall be instituted through the issuances and policies geared towards mitigating the effects of COVID-19 infection such as:
  - i. All physicians' clinics shall ensure compliance to minimum public health standards consistent with DOH Administrative Order (AO) 2020-0015 or the *Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation* and DOH DM 2020-0268 or the *Interim Guidelines on Health Facilities in the New Normal*.
  - ii. Physicians' clinics shall develop a contingency plan in the event of overcrowding to prevent compromise in infection prevention and control (IPC) protocols.
  - iii. Disinfection shall adhere to the provisions outlined in DOH DM No. 2020-0157 *Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*, its amendments, and *Cleaning and disinfection of environmental surfaces in the context of COVID-19* by the WHO, which include the following actions at the minimum:
    - 1. Develop a routine schedule for disinfection such as at least twice a day cleaning and disinfection for high contact surfaces; such as telephones, printers, biometric machines, copiers, physical barriers, etc.
    - 2. Disinfect specific operations, facilities, and/or vaccination areas depending on their use
    - 3. Use of Food and Drug Administration (FDA) - approved disinfectants such as:
      - a. Sodium hypochlorite recommended ratio of 0.1% (1000 ppm) for regular disinfection and recommended ratio of 0.5% (5000 ppm) for body fluids **OR**
      - b. Ethanol in all surfaces at a recommended ratio of 70-90%, **OR**

- c. Hydrogen peroxide in all surfaces at a recommended ratio of >0.5%
- iv. Mandatory temperature screening and symptom check at all entry points
- v. Physicians' clinics shall include a contingency plan in case of power shortages or blackouts to include:
  - 1. Back-up power supply such as generator or battery or solar
  - 2. Availability of vaccine storage equipment such as vaccine refrigerator, transport box or cooler that are large enough to accommodate:
    - a. vaccines
    - b. ice packs or gel packs
    - c. minimum or maximum thermometer or data logger
    - d. cold chain monitor
    - e. insulating material *i.e. polystyrene chips or bubble-wrap.*
- f. Supplies and Other Ancillaries
  - i. Emergency medical or AEFI kit, including epinephrine.
  - ii. Provision of adequate PPE to all clinic personnel which shall included well-fitted face masks, and other protective outer garments as warranted:
    - 1. Surgical mask as necessary
    - 2. Gloves and other appropriate PPE for all personnel tasked to do regular cleaning and disinfection of the clinic
    - 3. Cleaning supplies shall be available in workspaces to allow disinfection when warranted
    - 4. Tools to check vital signs and oxygen saturation of vaccine recipients such as thermometer, blood pressure monitor, stethoscope, and pulse oximeter shall be available at all times.

#### **D. Allocation and Distribution of COVID-19 Vaccines as Booster Doses**

- 1. The CHDs/RVOCs, in coordination with the LGUs, shall allocate and distribute COVID-19 vaccines for booster doses to point persons of the Philippine Medical Association (PMA) or directly to physicians.
- 2. The deliveries of COVID-19 vaccines to the physicians' clinics shall be implemented on a regular basis, weekly or depending on the arrangements of the CHD/RVOCs and the PMA.
- 3. The delivery arrangements of COVID-19 vaccines shall be determined by the CHDs/RVOCs and PMA accordingly.

#### **E. COVID-19 Vaccine Handling and Storage, Disposal and Reverse Logistics**

- 1. All physicians' clinics are required to have the appropriate cold chain storage to store COVID-19 vaccines. The CHDs shall facilitate coordination

and provide technical assistance to ensure physicians' clinics can comply with cold chain requirements.

2. Vaccines shall be transported directly to the clinic's storage facility where it will be used. When this is not possible, the vaccines shall be transported using a portable vaccine refrigerator or qualified container and packout. Vaccine temperature shall be monitored and recorded using a temperature monitoring device, preferably a digital data logger with a buffered probe. Routine transport of vaccines shall not be recommended.
3. Vaccines shall be stored immediately upon arrival at the physicians' clinics using proper storage equipment to maintain vaccine temperatures within the manufacturer-recommended range.
4. A designated personnel trained in cold chain management shall be assigned to monitor the cold chain within the clinics 24 hours a day, seven (7) days a week.
5. All physicians' clinics shall follow DM No. 2021-0031 entitled "*Interim Guidelines on the the Management of Healthcare Waste Generated from COVID-19 Vaccination*" and Department Circular No. 2021-0439 entitled "*Operational Guidelines on the Reverse Logistics of COVID-19 vaccines.*"

#### **F. Vaccination Process in Physicians' Clinic Vaccination Sites**

1. The vaccination process shall primarily follow the steps stipulated in the DM No. 2021-0099, entitled "*Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19*".
2. The vaccination services for COVID-19 vaccines can be integrated with the clinic's service delivery and processes.
3. Physicians' clinics may charge a reasonable fee to the vaccine recipient relative only to the ancillary supplies and services rendered and shall be incorporated as part of the consultation fee.
4. The vaccination process shall follow the guidelines on the administration and management of COVID-19 vaccine booster/additional doses stipulated in the guidelines under Department Memorandum No. 2021-0484 entitled "*Interim Operational Guidelines on the Administration of COVID-18 Vaccine Booster Doses to Priority Group A1: Essential Workers in Frontline Health Services (A1.1 to A1.7)*", and DM No. 2021-492 entitled, "*Interim Guidelines on the Administration and Management of COVID-19 Vaccine Booster/Additional Doses to Priority Group A2: Senior Citizens ages 60 years old and above and Priority Group A3: Adults with Comorbidities*" and its amendments.

5. The clinic personnel shall ensure that the vaccine recipients are informed of the benefits, risks, and possible side effects of the vaccines to be administered.
6. The physicians' clinics shall utilize the standardized forms in the conduct of COVID-19 vaccination. The forms can be accessed in this link: [bit.ly/RESBAKUNAMaterials](https://bit.ly/RESBAKUNAMaterials).
7. **For the administration of booster doses the clinic personnel shall follow the following steps:**
  - a. Triage
  - b. Health screening
  - c. Registration and consent signing
  - d. Vaccine administration
  - e. Post-vaccination monitoring
  - a. These are the details for each steps:

- i. Triage**

1. Ask the vaccine recipient for the following documents **ONLY**:
            - a. Original vaccination card showing the completion of the second dose for a two-dose primary series and one dose for Janssen or Sputnik Light vaccines
            - b. Valid identification card
          2. Provide the informed consent form and/or the health screening form, if not yet filled up.
          3. Avoid requiring filling up of any additional form/s or encoding information.

- ii. Health Screening, Health Education, Informed Consent and Vaccination**

1. All vaccine recipients to be vaccinated in the physician's clinics shall undergo health screening utilizing standardized health screening form as issued by DOH.
          2. In the health education, informed consent and vaccination area:
            - a. Review thoroughly the health screening form and determine if the vaccine recipient is eligible for vaccination. If the vaccine recipient is not eligible for vaccination, defer the procedure and provide an appropriate schedule or refer to an appropriate vaccination site.
            - b. Ask if the vaccine recipient has any questions related to the procedure.



- c. Review the informed consent form and make sure it is signed before administering the vaccine.
- d. Assess and ask the vaccine recipient if he/she is presenting with any signs and symptoms. If with any, defer the vaccination.
- e. For the administration of booster doses,
  - i. Review the information in the vaccination card.
  - ii. Determine the vaccine brand administered as a primary dose series. Determine if the vaccine available is appropriate to be given as a booster dose, either as a homologous or heterologous booster strategy.
  - iii. Calculate the dose interval if the vaccine recipient is not yet due to receive his/her booster doses, defer the vaccination and inform him/her booster dose schedule date.
  - iv. Administer the COVID-19 vaccine using correct technique.
  - v. Record the information in the vaccination card.
- f. Health education/information materials must be made available in the clinics.
- g. The informed consent must be signed after sufficient health education and information have been given.
- h. Details on the step-by-step procedure for vaccine preparation and vaccine administration techniques specific for each vaccine brand can be accessed in the training modules offered by DOH/NVOC.

### iii. **Post-Vaccination Monitoring**

- 1. For the post-vaccination monitoring:
  - a. Observe the vaccine recipient for any Adverse Event Following Immunization (AEFI).
  - b. Give the following information the vaccine recipient:
    - i. Referral hospital/facility and contact details
    - ii. Signs and symptoms to watch for
    - iii. Instructions and steps to follow in seeking for clinical care and in reporting AEFI events.
  - c. Ensure the content of AEFI kit and equipment needed for clinical intervention/treatment are complete.

## **G. Adverse Events Following Immunization**

- 1. Response, including clinical management, navigation and referral, surveillance and communication shall work hand-in-hand at every level of the health system. All public and private health facilities regardless of service level capability, must have an established referral system for prompt

management of AEFI, including but not limited to anaphylaxis, myocarditis and/or pericarditis and other cardiovascular events and rhythm disorders, thrombotic thrombocytopenia syndrome or vaccine-induced thrombosis with thrombocytopenia, immune thrombocytopenic purpura, seizure disorders, Guillain-Barré Syndrome, Bell's palsy, erythema multiforme, transverse myelitis, capillary leak syndrome, thromboembolic events, aseptic encephalitis, acute disseminated encephalomyelitis, acute kidney injury, acute liver injury, acute pancreatitis, rhabdomyolysis, and subacute thyroiditis.

2. Complaints arising from the lack of patient-centered referral systems may disallow vaccination sites from operating. AEFI reporting shall prioritize events suspected by the healthcare provider and/or vaccine recipients to be caused by or related to the vaccination. For this, the latest version of the AEFI Case Investigation Form (CIF) shall be used in all AEFI cases of COVID-19 vaccines, regardless of seriousness. The fillable and printable file versions, together with the training materials, may be accessed and downloaded through the link, [bit.ly/aefic19ph](http://bit.ly/aefic19ph), under the folder "AEFI Case Investigation Form". The AEFI CIF must be completely and accurately filled before submission to the respective ESUs. Hospital, Local, and Regional ESUs, have the right to return incompletely filled or incoherently narrated forms to submitting health care providers.
3. Reporting serious AEFI shall require approval from RESUs as the "approving authority" prior to submitting to VigiFlow. Failure to comply may have considerable delays on case validation, investigation, and overall processing and progress of the case. The Regional and National AEFI Committees and their respective Secretariat reserve the right to return endorsed cases submitted for assessment of essential documents are excluded or absent, or remarks are deemed incomplete or inadequate from the transmitted reports or documents.
4. Previously published guidelines relevant to AEFI shall remain in effect for all recipients of vaccines under the National Vaccine Deployment and Vaccination Program, regardless of age group, vaccine brand, booster or additional dose.


## **H. Reporting**

1. Physicians' clinics providing vaccination services shall record the vaccination event and encode/report the accomplishments to the systems/tools deployed by the Department of Information and Communications Technology.
2. On the submission of quick counts,

- a. The clinics shall submit the accomplishment every 8 PM to the LGU where it is operating.
  - b. The LGU shall include the accomplishment of clinics in their consolidated accomplishment submitted to NVOC, using the VORS system. The LGUs shall submit their end of day accomplishment before 5:59 AM the next day.
3. On the submission of the comprehensive vaccination information through the linelist,
- a. The clinics shall comply with the submission of a line list to the LGU, 24 hours after the conduct of vaccination activities. Likewise, the LGU shall consolidate, review and submit through a linelist to the VAS Line List Upload Tool (<https://vaslinelist.dict.gov.ph>).
4. The LGU shall ensure that physicians' clinics are complying with the submission of data requirements through the platforms deployed by the National Government.

For the dissemination and strict compliance.

By Authority of the Secretary of Health:

  
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