

TERMS OF REFERENCE

I. PROJECT TITLE:

2018 Vaccination Program for all DOT
Officials and Employees (Permanent/Job Order Personnel)

II. IMPLEMENTATION DATE:

November 2018 to April 2019 (Six months)

III. NUMBER OF PAX:

- Quadrivalent Influenza Vaccine – 528pax (Head Office and Regional Offices)
- Hepatitis B Vaccine - 1,491pax (Head Office and Regional Offices)
 - HBsAg - 497pax (Head Office and Regional Offices)
- Tetanus Toxoid Vaccine – 489pax (Head Office and Regional Offices)

IV. INCLUSIONS:

- Quadrivalent Influenza Vaccine
- Hepatitis B Vaccine
 - HBsAg (Screening Test)
- Tetanus Toxoid Vaccine

V. SPECIFICATIONS:

LOT NO.	TYPE OF VACCINE	DESCRIPTION	ACTIVE SUBSTANCES	DOSAGE	QUANTITY	UNIT PRICE	TOTAL
1	Quadrivalent Influenza Vaccine	Inactivated Types A and B Subvirion 0.5ml Prefilled Syringe 2018 WHO Recommended Strains	A/Michigan/45/2015 (H1N1)pdm09-like virus A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage) B/Phuket/3073/2013-like virus (B/Yamagata/16/	0.5ml	528	PhP 1,330.00	PhP 702,240.00

			88 lineage)				
2	Hepatitis B Vaccine	Recombinant Hepatitis B Vaccine 20mcg/ml Suspension for Injection (IM) - Single Dose Preservative Free 1ml Vial	Purified HBsAg 20mcg	1ml (3 Doses) <i>1st Dose: at elected date</i> <i>2nd Dose: 1 month after the first dose</i> <i>3rd Dose: 6 months after the first dose</i>	1,491 (497 pax x 3 doses)	PhP 1,320.00	PhP 1,968,120.00
		HBsAg (Screen test for Hepatitis B prior the administration of vaccines)			497	PhP 380.00	PhP 188,860.00
3	Tetanus Toxoid Vaccine	Tetanus Toxoid Adsorbed 40IU/0.5ml Suspension for IM Injection	Tetanus Toxoid Adsorbed 40IU	0.5ml	489	Php 370.00	PhP 180,930.00
						Total	<u>PhP 3,040,150.00</u>

VI. REQUIREMENTS:

1. Delivery of vaccines to DOT Head Office and Regional Offices. Supplier must prepare vaccines within 5 days upon receipt of Notice to Proceed document and must coordinate with the Head Office and Regional Offices regarding the HBsAg screen test, delivery and implementation schedule.
2. Cold Chain Storage during delivery must be maintained.
3. Vaccinators for the Head Office and Regional Offices will be provided by the supplier. They must be licensed nurses and should be under the supervision of a physician. For Regional Offices with a small number of employees, the physician will also be the vaccinator. Vaccinators and the physicians should follow the timeline of activities given below.
4. Supplier must submit the list of physician/s and nurse/s together with photocopies of their valid PRC licenses.
5. Supplier must be FDA accredited. All vaccines should have Certificates of Product Registration from the FDA.

6. Expiration dates must not be less than 20 months from delivery date for Hepatitis B and Tetanus Toxoid vaccines. For the Quadrivalent Influenza Vaccine expiration date should not be less than 6 months from delivery date. For vaccines which cannot meet this requirement, the supplier must submit a Certification Letter to the End User stating that these vaccines will automatically be replaced 4 months before the expiration dates.
7. Supplier must provide individual immunization record card for each employee.
8. All materials (refrigerator thermometer, etc.), medical supplies (alcohol, cotton balls, syringe, etc.), emergency medicines (Epinephrine, Diphenhydramine, etc.) and other necessary paraphernalia for the vaccination program shall be provided by the supplier.
9. Supplier is responsible for the disposal of all used materials and articles, especially the needles and syringes. These biological wastes should be disposed according to the procedures prescribed by the DOH Health Care Waste Management Manual.
10. Below is the recommended timeline of activities for the conduct of the Vaccination Program. The specific dates of immunization and screening test shall be agreed upon by the provider and the Head Office and Regional Offices.

Activity	Date	Vaccine
Screening Test (HBsAg)	Within 5 days from receipt of Notice to Proceed	
Vaccination Days	November 5-15, 2018 (working days)	1. Hepatitis B Vaccine (1st Dose) 2. Quadrivalent Influenza (One dose only)
	December 5-15, 2018 (working days)	1. Hepatitis B Vaccine (2nd Dose)
	January 4-11, 2019 (working days)	1. Tetanus Toxoid (One dose only)
	April 5-12, 2019 (working days)	1. Hepatitis B Vaccine (3rd Dose)
Submission of Vaccination Report	Within 2 days after completion of vaccine administration	

11. A series of meetings between the Medical Officer and the supplier must be done before, during and after the Vaccination Program, and midway in writing the Vaccination Report.

12. Vaccination Report should be submitted in hard and soft copy to the DOT Medical Clinic before the release of the Certificate of Completion.
13. Provider should submit a Vaccination Report based on the requirements of the DOT Medical Clinic.

NOTE: Payment for the Hepatitis B vaccines will be based on the results of the screen test for Hepatitis B (HBsAg).

VII. PAYMENT PROCEDURE:

Government Procedure

VIII. TOTAL BUDGET ESTIMATE:

Php 3,040,150.00

IX. CONTACT PERSON:

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