

SUPPLEMENTAL BID BULLETIN NO. 1

ON-SITE VACCINATION PROGRAM (ANTI-FLU AND ANTI-PNEUMONIA) FOR THE OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF TOURISM (DOT-BAC-IB NO. 2022-009)

This **Supplemental/Bid Bulletin No. 1** is issued to all prospective bidders to clarify, modify and/or amend items in the Bidding Documents as discussed and agreed during the Pre-bid Conference held on 22 September 2022 for the aforementioned project. This shall form part of the Bidding Documents.

I. AMENDMENT TO BIDDING DOCUMENTS:

A. Section III. BID DATA SHEET

	C		AMENDED								
ITB Clause 19.3						ITB Clause 19.3					
Item No.	Description	Qty	Unit	Total ABC inclusive of all applicable taxes	Item No.	Description	Qty	Unit	Total ABC inclusive of all applicable taxes		
1	Quadrivalent Influenza Vaccine	508	Dose	444,500.00	1	Quadrivalent Seasonal Influenza Vaccine	508	Dose	444,500.00		
2	Pnemococcal Conjugate Vaccine	508	Dose	1,796,000.00	2	Pnemococcal Conjugate Vaccine	508	Dose	1,796,000.00		

B. Section VI. SCHEDULE OF REQUIREMENTS

	NAL		AMENDED						
Vaccine	Qty	Activity	Date / Duration	Lot No.	Vaccine	Qty	Activity	Date / Duration	
Quadrivalent Influenza Vaccine	508	On-Site Vaccination	4 th week of Nov. 2022 up to 1 st week of Dec. 2022	1	Quadrivalent Seasonal Influenza Vaccine	508	On-Site Vaccination	4th week of Nov. 2022 up to 1st week of Dec. 2022	
		Submission Of Vaccination Report by the Service Provider	2 nd Week of Dec. 2022				Submission Of Vaccination Report by the Service Provider	2 nd Week of Dec. 2022	
		Release of Certificate of Completion	3 rd to 4 th Week of Dec. 2022		2		Release of Certificate of Completion	3rd Week of Dec. 2022	
Pneumococcal Conjugate Vaccine, 13 – Valent (absorbed)	508	On-Site Vaccination	4 th week of Nov. 2022 up to 1 st week of Dec. 2022	2	Pneumococcal Conjugate Vaccine, 13 – Valent (absorbed)	508	On-Site Vaccination	4 th week o Nov. 2022 up to 1 st week of Dec. 2022	
		Submission Of Vaccination Report by the Service Provider	2 nd Week of Dec. 2022				Submission Of Vaccination Report by the Service Provider	2 nd Week of Dec. 2022	
		Release of Certificate of	3 rd to 4 th Week of		n		Release of Certificate of Completion	3 rd <u>Week of</u> <u>Dec. 2022</u>	
	Vaccine Quadrivalent Influenza Vaccine Pneumococcal Conjugate Vaccine, 13 – Valent	Vaccine Qty Quadrivalent Influenza Vaccine Pneumococcal Conjugate Vaccine, 13 – Valent	Quadrivalent Influenza Vaccine Submission Of Vaccination Previder Release of Certificate of Completion Vaccine, 13 – Valent (absorbed) Submission Of Vaccination Report by the Service Provider Release of Completion On-Site Vaccination Prevident Vaccine, 13 – Valent (absorbed) Submission Of Vaccination Report by the Service Provider Release of Certificate	Vaccine Qty Activity Duration Quadrivalent Influenza Vaccine Soa On-Site Vaccination Vaccination Of Vaccination Of Vaccination Report by the Service Provider Release of Completion Vaccination Previder Release of Completion Vaccination Vaccination Report by the Service Provider Release of Completion Vaccination Va	Vaccine Qty Activity Date / Duration Quadrivalent Influenza Vaccine Soa On-Site Vaccination Vaccination Vaccination Of Vaccination Report by the Service Provider Release of Completion Completion Vaccination Vaccination No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. 1 Lot No. No. 1 Lot No. No. 1 Lot No. 1 Lot No. 1 Lot No. No. 1 Lot No. No. 1 Lot No. 1 Lot No. 1 Lot No. No. 1 Lot No. No. 1 Lot No. 1 Lot No. No. No. 1 Lot No. 1	Vaccine Vaccine Qty	Vaccine	Vaccine Qty Activity Date / Duration	

Note: Please refer to Annex "A" for the revised Schedule of Requirements

C. Section VII. TECHNICAL SPECIFICATIONS

4 N - 4 A -4: F	1V	ORIGINA	\L			AMENDED Lot No. 1 Anti-Flu Vaccine					
ot No. 1 Anti-F	lu Vaccine					Lot No. 1	Anti-Fi	u Vaccine			
Type of Vaccine	Description	Active Substances	Dosage	No. of Pax		Type o		Description	Active Substances	Dosage	No. of Pax
Quadrivalent Influenza Vaccine	Types A and B Subvirion 0.5 ml Prefilled Syringe 2022 WHO Recommended Strains	A/Wisconsin/ 588/2019 (H1N1) pdm09-like virus A/Darwin/6/ 2021 (H3N2) like virus B/Austria/ 1359417/ 2021 (B / Victoria lineage) – like virus; and	0.5ml	Plantilla & Job Order Personnel in the Central office, NCR & Region IV-B offices		Quadrive Seasona nfluenza Vaccine	ilent	Inactivated Split Virion 0.5 ml Prefilled Syringe 2022 WHO Recommended Strains	A/Victoria/ 2570/2019 (H1N1) pdm09-like strain A/Darwin/ 9/2021 (H3N2)-like strain B/Austria/ 1359417/ 2021-like strain	0.5ml	Plantilla & Job Order Personnel in the Central office, NCR & Region IV-B offices
		B/Phuket / 3073/2013 (B/Yamagata lineage) – like virus. Based on CDC – 2022- 2023 for northern hemisphere							B/Phuket/ 3073/2013- like strain Based on CDC – 2022-2023 for southern hemisphere		
ot No. 2 – Anti	-Pneumonia Vacc	ine				Lot No. 2	- Anti-	Pneumonia Vacci	ne		
Type of Vaccine	Description	Active Substances	Dosage	e No. o		Type		Description	Active Substances	Dosage	No. of
Pneumococcal Conjugate Vaccine, 13- Valent (absorbed)	Suspension for intramuscular injection in pre-filled syringe	A sterile solution of saccharides of the capsular antigens of Streptococcus pneumonia sero types 1,3,4,5,6A,6B, 7F,9V,14,18C, 19A,19F, and	0.5ml	Plantilla Job Or Person	a & der nel the	Pneumo Conjugai Vaccine, Valent (absorbe	te 13-	Suspension for intramuscular injection in pre-filled syringe	A sterile solution of saccharides of the capsular antigens of Streptococcus pneumonia sero types 1,3,4,5,6A,6B, 7F,9Y,14,18C, 19A,19F, and	0.5ml	Plantilla & Job Order Personnel in the Central office, NCR & Region IV-B offices

DELIVERABLES:

 The Service Provider must ensure the provision of at least 3 to 5 Licensed Nurses/Medical Technologists, 1 Physician, and 1 Receptionist who shall administer the vaccination at the DOT-Makati City Office;

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- The Provider must ensure that the Medical Team shall comply with the following:
 - a.) Fully vaccinated against COVID-19 (e.g primary vaccine plus the required two (2) booster doses;
 - Negative Antigen test results (nasal or throat swab) before the start of the vaccination;
 - c.) Medical certificate from their company physician attesting that the medical staff is "Covid-19-Free" based on their Health Declaration Form; and

DELIVERABLES:

 The Service Provider must ensure the provision of <u>Medical Team per</u> <u>Lot consisting of at least 1 Physician, 2 Nurses</u> and 1 Receptionist who shall administer the vaccination at the DOT-Makati City Office;

23F

- 2. The Provider must ensure that the Medical Team shall comply with the following:
 - a.) Fully vaccinated against COVID-19 (e.g primary vaccine plus the required two (2) booster doses;
 - b.) Negative Antigen test results (nasal or throat swab) before the start of the vaccination;
 - Medical certificate from their company physician attesting that the medical staff is "Covid-19-Free" based on their Health Declaration Form; and

- Be in full PPE while performing the Vaccination.
- The Service Provider must submit the list of the Medical Team together with 3. the photocopies of their PRC licenses and DOH certificates to the DOT Medical Clinic at least five (5) days before the administration of vaccines;
- 4. The implementation dates which will run for about 7 days on a staggered basis. This shall be set as agreed by the service provider and the DOT through the Human Resource Division (HRD), at least fifteen (15) days upon issuance of the Notice to Proceed (NTP);

Below is the time frame for the conduct of the Vaccination Program for Central Office, Regional Offices IV-B and NCR:

Schedule	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Estimated No. of pax/day	75	75	75	75	75	75	58
(subject to final arrangement with the service provider)							

- A series of coordination meetings between the DOT-HRD Medical Officer and the Service Provider must be done before, during, and after the administration / testing. The Service Provider must coordinate with the HRD five (5) days before the actual administration date;
- Consent forms shall be available to the DOT personnel during the 6. administration date:
- The Service Provider shall provide all the necessary supplies, materials and 7. equipment necessary for the administration;
- The Service Provider shall be responsible for the disposal of all used supplies, 8. materials for proper disposal in accordance with DOH Health Care Waste Management Manual;
- A vaccination report should be submitted in hard and soft copy to the DOT 9. Medical Clinic before the release of the Certificate of Completion, and;
- 10. Provider should submit a Vaccination Report based on the requirements of DOT-Medical Clinic.

- d.) Be in full PPE while performing the Vaccination.
- 3. The Service Provider must submit the list of the Medical Team together with the photocopies of their PRC licenses and DOH certificates to the DOT Medical Clinic at least five (5) days before the administration of vaccines;
- 4. The implementation dates which will run for about 7 days on a staggered basis. This shall be set as agreed by the service provider and the DOT through the Human Resource Division (HRD), at least fifteen (15) days upon issuance of the Notice to Proceed (NTP);

Below is the time frame for the conduct of the Vaccination Program for Central Office, Regional Offices IV-B and NCR.

Schedule	Day						
	1	2	3	4	5	6	7
Estimated No. of pax/day (subject to final arrangement with the service provider)	75	75	75	75	75	75	58

- 5. A series of coordination meetings between the DOT-HRD Medical Officer and the Service Provider must be done before, during, and after the administration/testing. The Service provider must coordinate with the HRD five (5) days before the actual administration date.
- 6. Consent forms shall be available to the DOT personnel during the administration date including Vaccination Card.
- 7. The Service Provider shall provide all the necessary supplies, including emergency medicines (e.g. Diphenhydramine, Epinephrine, syringe), materials and equipment necessary for the administration;
- 8. The Service Provider shall be responsible for the disposal of all used supplies, materials for proper disposal in accordance with DOH Health Care Waste Management Manual;
- 9. A vaccination report should be submitted in hard copy and soft copy to the DOT Medical Clinic before the release of the Certificate of Completion, and:
- 10. Provider should submit a Vaccination Report based on the requirements of DOT-Medical Clinic

Note: Please refer to Annex "B" for the revised Technical Specifications.

All unamended portions of the Bidding Documents shall remain the same.

For the guidance and information of all concerned.

28 September 2022

ASEC. REYNALDO L. CHING

BAC Chairperson

Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Lot No.	Vaccine	Qty	Activity	Date/Duration
1	Quadrivalent Seasonal	508	On-Site Vaccination	4 th week of
	Influenza Vaccine		12	November 2022
				up to 1 st week
				of December
			8	2022
			Submission of	2 nd week of
			Vaccination Report by	December 2022
			the Service Provider	
			Release of Certificate	3rd week of
			of Completion	<u>December</u>
				2022
2	Pneumococcal Conjugate	508	On-Site Vaccination	4 th week of
	Vaccine, 13 – valent			November 2022
	(absorbed)			up to 1st week
				of December
			~ 1 1 1 0	2022
	e e		Submission of	2 nd week of
			Vaccination Report by	December 2022
			the Service Provider	- 1
			Release of Certificate	3rd week of
			of Completion	December
				<u>2022</u>

The project site is at Department of Tourism, 351 Sen. Gil Puyat, Makati City

*More detailed service requirements and technical specifications are found under **Section VII. Technical Specifications**. *

Conforme:	
Name of Bidder's/Representative	
Signature/Date	

Technical Specifications

Item		Spec	ification			Statement of Compliance ¹
1	Anti-Flu Vac	cine				
	Type of Vaccine	Description	Active Substances	Dosage	No. of Pax	
	Quadrivalent <u>Seasonal</u> Influenza Vaccine	Inactivated Split Virion 0.5 ml Prefilled Syringe 2022 WHO Recommended Strains	A/Victoria/ 2570/2019 (H1N1) pdm09-like strain A/Darwin/ 9/2021 (H3N2)-like strain B/Austria/ 1359417/ 2021-like strain B/Phuket/ 3073/2013- like strain Based on CDC - 2022-2023 for southern hemisphere	0.5ml	Plantilla and Job Order Personnel in the Central Office; NCR and Region IV-B offices	
2	Anti-Pneumo	nia Vaccine				
_	Type of Vaccine	Description	Active Substances	Dosage	No. of Pax	
	Pneumococcal Conjugate Vaccine, 13- valent (absorbed) ELIGIBILIT		A sterile solution of saccharides of the capsular antigens of Streptococcus pneumoniae sero types 1,3,4,5,6A,6B,7F,9V,14,18C,19A,19F, and 23F	0.5ml	Plantilla and Job Order Personnel in the Central Office; NCR and Region IV-B offices	
	1. The Serv	ice Provider m	nust be a Depa			
		ecognized servetered with the				

¹ Bidders must state here either "Comply" or "Not Comply" against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of "Comply" or "Not Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder's statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.]

Administration (FDA);

- 2. Must at least be five (5) years in operation;
- 3. Must have catered similar projects in the past three (3) years with at least three (3) government and/orprivate companies (corporate client), with certification of at least satisfactory performance; and
- 4. Must be Platinum PhilGEPS member.

DELIVERABLES:

- The Service Provider must ensure the provision of Medical Team per Lot consisting of at least 1 Physician, 2 Nurses, and 1 Receptionist who shall administer the vaccination at the DOT-Makati City Office:
- 2. The Provider must ensure that the Medical Team shall comply with the following:
 - a.) Fully vaccinated against COVID-19 (e.g primary vaccine plus the required two (2) booster doses;
 - b.) Negative Antigen test results (nasal or throat swab) before the start of the vaccination;
 - c.) Medical certificate from their company physician attesting that the medical staff is "Covid-19-Free" based on their Health Declaration Form; and
 - d.) Be in full PPE while performing the Vaccination.
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5. A series of coordination meetings between the DOT-HRD Medical Officer and the Service Provider must be

done before, during, and after the administration / testing.
The Service Provider must coordinate with the HRD five
(5) days before the actual administration date;

- 6. Consent forms shall be available to the DOT personnel during the administration date <u>including Vaccination</u> Card;
- 7. The Service Provider shall provide all the necessary supplies, <u>including emergency medicines</u> (e.g. <u>Diphenhydramine</u>, <u>Epinephrine</u>, <u>syringe</u>) materials and equipment necessary for the administration;
- 8. The Service Provider shall be responsible for the disposal of all used supplies, materials for proper disposal in accordance with DOH Health Care Waste Management Manual;
- A vaccination report should be submitted in hard and soft copy to the DOT Medical Clinic before the release of the Certificate of Completion, and;
- 10. Provider should submit a Vaccination Report based on the requirements of DOT-Medical Clinic.

CONTRACT IMPLEMENTATION:

November to December 2022

PAYMENT PROCEDURE: Send-bill arrangement.

Government Procedure

Note: The payment shall be made based on the actual number of vaccines availed and delivered during the implementation period but should not exceed the total contract price.

Conforme:	
Name of Bidder's/Representative	
Signature	Date