TERMS OF REFERENCE

I. PROJECT TITLE:

2017 Vaccination Program for all DOT Officials and Employees (Permanent/Job Order Personnel)

II. IMPLEMENTATION DATE:

November to December 2017

III. NUMBER OF PAX:

- Quadrivalent Influenza Vaccine 650 (Head Office and Regional Offices)
- Hepatitis B Vaccine-1,879 (Head Office and Regional Offices) >HBsAg - 627
- Tetanus Toxoid Vaccine 611 (Head Office and Regional Offices)

IV. INCLUSIONS:

- Quadrivalent Influenza Vaccine
- Hepatitis B Vaccine
- Tetanus Toxoid Vaccine

V. SPECIFICATIONS:

LOT NO.	VACCINE	DESCRIPTION	ACTIVE SUBSTANCES	DOSAGE	QUANTITY	UNIT PRICE	TOTAL
1	Quadrivalent Influenza Vaccine	Inactivated Types A and B Subvirion 0.5ml Prefilled Syringe 2017 WHO Recommended Strains	A/Michigan/45/2015 (H1N1) pdm09-like virus A/Hong Kong/4801/2014 (H3N2)-like virus B/Brisbane/60/2008-like virus B/Phuket/3073/2013-like virus	0.5ml	650	Php 1,200.00	Php 780,000.00
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) 1st Dose: at elected date 2nd Dose: 1 month after the first dose 3rd Dose: 6 months after the first dose	1,879	Php 1,450.00	PhP 2,724,550.00

		HBsAg (Screen test for Hepatitis B prior the administration of vaccines)			627	PhP 300.00	PhP 188,100.00
3	Tetanus Toxoid Vaccine	Tetanus Toxoid Adsorbed 40IU/0.5ml Suspension for IM Injection	Tetanus Toxoid Adsorbed 40IU	0.5ml	611	Php 395.00	PhP 241,345.00

VI. REQUIREMENTS:

- 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, a physician acting as a vaccinator is enough.
- 4. Supplier must submit photocopies of the PRC licenses of their vaccinators and physicians a week before the implementation of the 2017 Vaccination Program.
- 5. Supplier must be FDA accredited.
- 6. All vaccines should have Certificates of Product Registration from the FDA.
- 7. Expiration dates of vaccines must be at least two (2) years from the 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 be replaced with the prescribed expiration dates.
- 8. Supplier must provide individual immunization record card for each employee.
- 9. All materials (Ref thermometer, etc.), medical supplies (alcohol, cotton balls, syringe, etc.) and other necessary paraphernalia for the Vaccination program shall be provided by the supplier.

- 10. Supplier is responsible for the disposal of all used materials and articles, especially the needles and syringes.
- 11. Below is the time frame for mass conduct of the APE Program:

2017 APE PROGRAM				
1 st Week	Head Office			
2 nd Week	Regional Offices			
3rd Week	Head Office			
4 th Week	Submission of the Vaccination Report			

- 12. The implementation dates shall be set as agreed by the provider and the Head Office and Regional Offices.
- 13. 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.
- 14. Vaccination Report should be submitted in hard and soft copy to the DOT Medical Clinic before the release of the Certificate of Completion.
- 15. 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

IV. TOTAL BUDGET ESTIMATE:

Php 3,933,995.00

VIII. CONTACT PERSONS:

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