

National Childhood Immunisation Schedule (NCIS) (from birth to age 17 years)

Vaccine	Birth	2 months	4 months	6 months	12 months	15 months	18 months	2-4 years	5-9 years	10-11 years	12-13 years	13-14 years	15-17 years
Bacillus Calmette-Guérin (BCG)	D1												
Hepatitis B (HepB)	D1	D2		D3									
Diphtheria, tetanus and acellular pertussis (paediatric) (DTaP)		D1	D2	D3			B1						
Tetanus, reduced diphtheria and acellular pertussis (Tdap)										B2			
Inactivated poliovirus (IPV)		D1	D2	D3			B1			B2			
<i>Haemophilus influenzae</i> type b (Hib)		D1	D2	D3			B1						
Pneumococcal conjugate (PCV13)			D1	D2	B1								
Pneumococcal polysaccharide (PPSV23)								One or two doses for children and adolescents age 2-17 years with specific medical condition or indication.					
Measles, mumps and rubella (MMR)					D1	D2							
Varicella (VAR)					D1	D2							
Human papillomavirus (HPV2)											D1 (Females)	D2 (Females)	
Influenza (INF)					Annual vaccination or per season for <u>all children</u> age 6 months to <5 years (6-59 months).				Annual vaccination or per season for children and adolescents age 5-17 years with specific medical condition or indication.				



Recommended ages and doses for all children



Recommended for persons with specific medical condition or indication

FOOTNOTES:

- **D1, D2, D3:** Dose 1, dose 2, dose 3
- **B1, B2:** Booster 1, booster 2
- **10-11, 12-13, 13-14 years:** Primary 5, Secondary 1, Secondary 2 (Tdap, IPV, HPV (for females) and MMR (as catch-up) vaccines are provided as part of Health Promotion Board's school-based vaccination programme)
- **HepB:** Doses 2 and 3 are recommended to be given as part of the 6-in-1 vaccine at 2 and 6 months, respectively
- **MMR:** Only the dose 2 is recommended to be given as part of the MMRV vaccine

Details of the vaccinations recommended under the NCIS

Note: Individuals or caregivers should consult a doctor for vaccination advice specific to the individual's age and medical condition(s), as well as eligibility for subsidised vaccination.

RECOMMENDED VACCINE TYPES, DOSES AND GROUPS IN THE NCIS		
Vaccine	Recommendations	Additional information
HepB	<p>Recommended vaccine types and doses</p> <ul style="list-style-type: none"> • Dose 1: Monovalent HepB (birth dose, within 24 hours) • Dose 2: 6-in-1 vaccine at 2 months • Dose 3: 6-in-1 vaccine at 6 months 	<p>Infants born to HBsAg +ve mothers</p> <ul style="list-style-type: none"> • Dose 1: Monovalent HepB (and HepB immunoglobulin (HBIG) as a birth dose within 12 hours or ASAP) • Dose 2: Monovalent HepB at 1 month • (5-in-1 vaccine recommended at 2 months) • Dose 3: 6-in-1 vaccine at 6 months
5-in-1 (DTaP-IPV-Hib) 6-in-1 (DTaP-IPV-Hib-HepB) Tdap	<p>Recommended vaccine types and doses</p> <ul style="list-style-type: none"> • Dose 1: 6-in-1 vaccine at 2 months • Dose 2: 5-in-1 vaccine at 4 months • Dose 3: 6-in-1 vaccine at 6 months • Dose 4: 5-in-1 vaccine at 18 months (booster 1) • Dose 5: Tdap-IPV at 10-11 years (booster 2) 	<ul style="list-style-type: none"> • Tdap can be used instead of Tdap-IPV if IPV is not indicated
Inactivated poliovirus (IPV)	<p>Recommended vaccine types and doses</p> <ul style="list-style-type: none"> • Dose 1, 2, 3, 4: 5-in-1 or 6-in-1 vaccines (as per schedule for DTaP-containing vaccines) • Dose 5: Tdap-IPV (booster 2) 	<ul style="list-style-type: none"> • IPV can be used instead of Tdap-IPV if Tdap is not indicated
Pneumococcal conjugate (PCV13)	<ul style="list-style-type: none"> • PCV13 is recommended for all children age <5 years and persons age 2-17 years who are at increased risk of developing severe pneumococcal disease. Children who did not receive PCV as per routine schedule are recommended to receive age- or indication-appropriate doses. 	<p>High-risk groups recommended for PCV13</p> <p>Persons age 2-17 years with</p> <ul style="list-style-type: none"> • Cochlear implant or cerebrospinal fluid leak • Anatomic or functional asplenia (including conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction) • Immunosuppression (including immunosuppression caused by medications, HIV or other immunodeficiencies)

RECOMMENDED VACCINE TYPES, DOSES AND GROUPS IN THE NCIS		
Vaccine	Recommendations	Additional information
Pneumococcal polysaccharide (PPSV23)	<ul style="list-style-type: none"> • PPSV23 is recommended for persons age 2-17 years at increased risk of developing severe pneumococcal disease. • One or two doses are recommended depending on high-risk condition. • If both PCV13 and PPSV23 are indicated, PCV13 should be given first, and PPSV23 administered at the appropriate interval later. 	<p>High-risk groups recommended for PPSV23</p> <p>Persons age 2-17 years with</p> <ul style="list-style-type: none"> • Chronic pulmonary, cardiovascular, renal or liver disease, or diabetes mellitus • Cochlear implant or cerebrospinal fluid leak • Anatomic or functional asplenia (including conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction) • Immunosuppression (including immunosuppression caused by medications, HIV or other immunodeficiencies)
MMR and Varicella (VAR)	<p>Recommended vaccine types and doses</p> <p>Dose 1: Separate MMR and VAR at 12 months</p> <p>Dose 2: Combined MMRV at 15 months</p> <p>Catch-up MMR</p> <ul style="list-style-type: none"> • 2-dose series at least 4 weeks apart <p>Catch-up Varicella</p> <p>Age <13 years</p> <ul style="list-style-type: none"> • 2-dose series 3 months apart <p>Age 13-17 years</p> <ul style="list-style-type: none"> • 2-dose series 4-8 weeks apart 	<p>Vaccine type:</p> <ul style="list-style-type: none"> • Separate MMR and VAR are recommended for dose 1. The use of MMRV as dose 1 in children age 12-47 months is associated with higher risk of febrile seizures, compared with separate MMR and VAR. • If MMRV is preferred for dose 1 in children age 12-47 months, appropriate clinical advice should be given to the parent and consent obtained. • MMRV is recommended as a catch-up for dose 1 in children age 48 months to 12 years and dose 2 at any age (i.e. 15 months to 12 years). • The maximum age for MMRV is 12 years. Separate MMR and/or VAR may be used as indicated for persons age 13-17 years.
HPV2	<p>Recommended doses for school-based programme</p> <p>2-dose series for secondary school female students</p> <ul style="list-style-type: none"> • Dose 1: HPV2 at 12-13 years (Secondary 1) • Dose 2: HPV2 at 13-14 years (Secondary 2) 	<p>Recommended doses for settings outside of school-based programme</p> <p>Females age 9 -14 years</p> <ul style="list-style-type: none"> • 2-dose series at 0, 6 months <p>Females age 15 -17 years</p> <ul style="list-style-type: none"> • 3-dose series at 0, 1, 6 months

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Vaccine	Recommendations	Additional information
Influenza (INF)	<ul style="list-style-type: none"> Seasonal influenza vaccine is recommended for persons age 6 months to 17 years who are at increased risk of influenza-related complication. Vaccination is recommended annually or per season, depending on the prevailing recommendations for that year. SKYCellflu is indicated from age 3 years. <p>Recommended doses</p> <p>Age 6 months to 8 years</p> <ul style="list-style-type: none"> 2-dose series 4 weeks apart for children receiving influenza vaccination for the first time 1 dose for all other children* <p>Age 9-17 years</p> <ul style="list-style-type: none"> 1 dose* <p>* <i>Annually or per season as recommended</i></p>	<p>High-risk groups recommended for seasonal influenza vaccine</p> <p>Children age 6 months to <5 years (6-59 months)</p> <ul style="list-style-type: none"> Recommended for all children in this age range <p>Persons age 5-17 years</p> <ul style="list-style-type: none"> who have chronic disorders of the pulmonary or cardiovascular systems, including asthma who have required medical follow-up or hospitalisation due to chronic metabolic diseases (including diabetes mellitus), renal, neurologic, hepatic, or haematologic disorders, or immunosuppression (including immunosuppression caused by medications, HIV or other immunodeficiencies) who are receiving long term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection