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UPDATED RECOMMENDATIONS ON HEPATITIS B VACCINATION AND SUBSIDY ELIGIBILITY

This circular informs all licensed healthcare providers and registered medical practitioners of the updated recommendations on hepatitis B vaccination, as well as the corresponding subsidy eligibility under the National Adult Immunisation Schedule (NAIS), with effect from 1 January 2026.

Background

2. There are currently two hepatitis B vaccine formulations on the Subsidised Vaccine List¹ (SVL) - **Engerix-B 10 mcg** and **Engerix-B 20 mcg** (*both marketed by GSK*). The recommended regimen for children and adults comprises a 3-dose series using 10 mcg or 20 mcg per dose, respectively². Based on the Product Insert, patients aged 16 years or older with renal insufficiency including those on haemodialysis (“renal patients”) are recommended to receive double-dose, i.e. 40 mcg per dose given as a 4-dose series at 0, 1, 2, 6 months.

3. The administration of double-dose regimen for renal patients comes in two forms, via multiple doses using 10 mcg or 20 mcg formulations. The double-dose regimen for renal patients was hitherto not included in the NAIS; as an interim, a set of Frequently Asked Questions (FAQs) was issued to Community Health Assist Scheme General Practitioners (CHAS GP) clinics in 2020 that they would be able to submit an appeal to claim for subsidies for renal patients receiving the renal dose regimen for hepatitis B vaccination. Similarly, the use of 2 x 10 mcg formulation to form 20 mcg dose for adults without renal insufficiency was also not included in the NAIS.

¹ Only specific brands of vaccines listed on the SVL that are recommended in the National Childhood Immunisation Schedule (NCIS) and the NAIS are eligible for subsidies.

² Adults without renal insufficiency are recommended to receive hepatitis B vaccination with regular dose of 20 mcg given as a 3-dose series at 0, 1, 6 months, while children receive the vaccine using 10 mcg formulation as a 3-dose series at 0, 1-2, 6 months (using 6-in-1 vaccine or monovalent hepatitis B vaccine)

Inclusion of multi-dose administration of Engerix-B as a recommendation under the NAIS

4. The NAIS will be updated to:
 - a. Include the double-dose regimen for adult renal patients³ (in both 4 x 10 mcg and 2 x 20 mcg forms) aged 18 years and above; and
 - b. Include use of Engerix-B 10 mcg as 2x doses for eligible adult non-renal patients aged 18 years and above.

Please see summary in Table 1.

Table 1: Scenarios for use of Engerix-B under NAIS (for persons aged ≥ 18 years)

Scenario	Dosage required	Dose Sequence	Formulations	
			Pre-filled syringe (PFS)	Vial
A	20 mcg (regular dose)	3-dose series at 0, 1 and 6 months	1 x 20 mcg PFS, single injection	1 x 20 mcg vial, single injection
B (Newly added)			2 x 10 mcg PFS, two injections	2 x 10 mcg vial, single injection
C (Newly added)	40 mcg (renal dose)	4-dose series at 0, 1, 2 and 6 months	2 x 20 mcg PFS, two injections	2 x 20 mcg vial, single injection
D (Newly added)			4 x 10 mcg PFS, four injections*	4 x 10 mcg vial, single injection

* This is the least preferred method in view of number of injections required.

5. Table 2 shows the minimum intervals to be observed between the doses within each series, for Scenarios A to D as per Table 1.

Table 2: Recommended interval checks for hepatitis B vaccination scenarios

Scenario	Description of scenario	Dose Series	Dose Interval Checks
A & B	Healthy adults aged 18 years or older	3-dose (20 mcg)	<ul style="list-style-type: none"> • D2: At least 4 weeks from D1 • D3: At least 16 weeks from D1 and 8 weeks from D2
C & D	Adults aged 18 years or older with renal insufficiency (footnote 3)	4-dose (40 mcg)	<ul style="list-style-type: none"> • D2: At least 4 weeks from D1 • D3: At least 4 weeks from D2 • D4: At least 16 weeks from D3

³ For the purpose of double-dose regimen for hepatitis B vaccination, renal patients refer to patients with chronic kidney disease stage 4 or 5 (excluding stage 1, 2 and 3) or those on renal dialysis.

Updates to vaccination subsidy eligibility arising from the updated NAIS recommendations

6. Engerix-B vaccinations administered in accordance with the scenarios in Tables 1 and 2 will be eligible for subsidies at PHIs and CHAS GP clinics with effect from 1 January 2026. Medical practitioners no longer need to submit appeals to claim subsidy reimbursements for eligible renal cases.

7. For vaccinations recommended under the NAIS, PHIs should adhere to the vaccination subsidy framework, summarised in Table 3.

Table 3: NAIS Vaccination Subsidy Framework for Subsidised PHI Settings

Monthly Per Capita Household Income (PCHI)	Subsidies	
	Singapore Citizens	Permanent Residents
No PCHI	Annual Value ≤ \$31,000: 75%	25%
	Annual Value > \$31,000: 50%	
\$0 < PCHI ≤ \$2,300	75%	
PCHI > \$2,300	50%	

Notes:

[1] Pioneer Generation and Merdeka Generation seniors receive an additional 50% and 25% subsidy respectively, on their remaining post-subsidy vaccine costs.

[2] Means-testing for patients with no household income is based on the annual value of their residential property. Annual value is the estimated gross annual rent of a property if it were to be rented out, excluding furnishings and maintenance fees. Subsidy levels in 2025 will be determined using 2024 Annual Values.

8. At CHAS GP clinics, the pre-subsidy price caps, subvention and patient co-payment caps for multi-dose Engerix-B administration in accordance with the NAIS are summarised in Table 4.

Table 4: Pre-subsidy price caps, subvention and patient co-payment cap for hepatitis B vaccination under NAIS at CHAS GP clinics

Vaccination	Pre-subsidy Price Cap	Pioneer Generation		Merdeka Generation/CHAS Blue/Orange		CHAS Green/Non-CHAS Singapore Citizens	
		Subsidy	Co-payment cap	Subsidy	Co-payment cap	Subsidy	Co-payment cap
Hepatitis B 20 mcg (Adult regular dose)	\$75	\$66	\$9	\$56	\$19	\$37	\$38
Hepatitis B 40 mcg (Adult renal dose)	\$95	\$83	\$12	\$71	\$24	\$48	\$47

9. Healthier SG enrollees will continue to be eligible for fully subsidised hepatitis B vaccinations at their enrolled GP clinic or polyclinic, when administered according to NAIS recommendations.

10. CHAS GPs will be able to submit claims for multi-dose Engerix-B administration through their Healthier SG-compatible Clinic Management Systems (CMSSes) or the MOH Healthcare Claims Portal (MHCP) from 1 January 2026.

11. Claims for multi-dose hepatitis B 40 mcg vaccinations administered from 1 November 2020 at CHAS GP clinics can be submitted from 1 January 2026 through these channels. However, claims whose submission date is more than 1 year from the visit date will be rejected by MHCP as late claims. In such cases, GPs must submit an appeal for the rejected claims to be processed.

12. For multi-dose hepatitis B 40 mcg vaccinations administered from 1 January 2026, the Engerix-B dosage in the “Vaccine Subsidy Scheme” (VSS) claims must correspond to the dosage in the NIR record to distinguish between adult 20 mcg and renal 40 mcg doses and facilitate accurate validation checks. Claims without matching NIR records will be rejected.

Recommendations by the Expert Committee on Immunisation for non-responders to hepatitis B vaccination

13. The Expert Committee on Immunisation (ECI) has recommended a one-time repeat of the 3-dose vaccination regimen for adult non-renal patients aged 18 years and above who are non-responders. That is, if the level of antibodies against hepatitis B (anti-HBs) tested post dose 3 of the first series is <10 mIU/mL, a second 3-dose series at 20 mcg per dose can be considered in order to mount sufficient immune response, i.e. ≥ 10 mIU/mL.

14. For adult renal patients who are non-responders (as per preceding para), the ECI also recommended a one-time repeat using the 4-dose vaccination regimen at 40 mcg per dose.

15. For both scenarios described above, the minimum interval to observe between the last dose of the first vaccination series and the first dose of the second vaccination series is 28 days. The minimum intervals to be observed for the doses as part of the second series follow the same as that of the first series (Table 2).

16. PHIs and CHAS GPs will be required to conduct the serological test for their patients before proceeding to administer the second vaccination series. For clinically eligible patients, CHAS GP clinics should indicate “non-responder” as the reason when submitting appeals in MHCP or Healthier SG-compatible CMSes, to facilitate consideration as an appeal scenario.

Notification of vaccination records to the National Immunisation Registry (NIR)

17. With the introduction of multi-dose regimens for Engerix-B 10 mcg and Engerix-B 20 mcg, medical practitioners should from 1 January 2026, indicate clearly the product name, the correct formulation used (e.g. either 10 mcg or 20 mcg) and total dosage (e.g. 40 mcg for renal patients) administered for each dose when submitting vaccination records for Engerix-B to the NIR. Specifically for notification via the NIR portal, please select the product name with the “SVL” prefix. This will ensure timely and accurate processing of the related subsidies, as highlighted in para 12.

For clarification

18. Please disseminate this circular to the relevant staff for their attention. For clarification on this circular, please email CDA_records_management@cda.gov.sg , or moh_info@moh.gov.sg. For CHAS GPs, please email gp@aic.sg.

A handwritten signature in black ink, appearing to be 'KENNETH MAK'.

PROF KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH

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