

Addressing Common Questions Regarding the Vaccination and Childhood Development Screening Scheme



By Agency for Integrated Care

Thank you to our CHAS GP Partners for the support in administering Vaccination and Childhood Developmental Screening Scheme (VCDSS)! Following the official roll-out of VCDSS on 1 November 2020, we have highlighted some common questions to address any concerns you may have. For a full list of FAQs, please visit [Primary Care Pages \(www.primarycarepages.sg\)](http://www.primarycarepages.sg).

GENERAL QUESTIONS

1. Who is eligible for National Adult Immunisation Schedule (NAIS)/ National Childhood Immunisation Schedule (NCIS) vaccination subsidies at CHAS GP Clinics?

Vaccination subsidies are extended to Singapore Citizens at CHAS GP clinics if the patient

- 1) is a Singapore Citizen,
- 2) fulfils age, gender and vaccination history criteria of the recommended vaccination as per NCIS/NAIS guidelines,
- 3) has the required clinical indication (if required under NCIS/NAIS guidelines), and
- 4) Vaccine brand used is listed on Subsidised Vaccine List (SVL).

2. Is the cut-off age for vaccination eligibility based on birthday or calendar year?

As per the NCIS/NAIS guidelines, the subsidy cut-off age for vaccination eligibility is based on the patient's birthday.

3. Is serology testing required prior to vaccination of persons in recommended groups?

In the absence of documented record of past vaccination or immunity, conducting serology test is not a requirement before proceeding with vaccination. However, it can be used in certain situations to facilitate a physician's assessment to advise the patient on the need for vaccination accordingly.

For example, if a patient declares that he has received hepatitis B vaccination previously, but does not have complete vaccination records or past evidence of immunity, the physician can consider serology test to determine the patient's hepatitis B serostatus before advising him on the need for vaccination.

For eligible cardholders, serology testing can be claimed from CHAS Acute subsidies¹. MediSave use is also allowed for serology testing if clinically required for the administration of NCIS/NAIS vaccination of persons in recommended groups.

Where a serology test(s) is conducted during the visit as a subsidised vaccination for another disease, please note that patients should not be charged for a separate consultation for the serology test, hence you will not be allowed to make a claim for separate consultation under CHAS Acute.

Where there is any uncertainty, doctors should exercise their professional judgement to decide if administration of the vaccination is clinically sound and appropriate. In such cases, doctors are expected to indicate clearly in their clinical records the basis for deciding that the vaccination is clinically sound and appropriate (where applicable). Please note that these records may be requested and verified during audits.

¹ Clinics may select the diagnosis code "Z269 - Need for immunisation against unspecified infectious disease"

QUESTIONS REGARDING NAIS VACCINES

1. For patients who have been vaccinated with three doses of hepatitis B vaccine but are found to have no antibody response, will they be eligible for a repeat vaccination series?

Hepatitis B vaccination is recommended for all adults without evidence of immunity under the NAIS. If there is evidence that a patient has no immunity such a patient will be eligible for subsidy for repeat vaccination. Nonetheless, the doctor/clinic will need to submit an appeal on behalf of the patient for such a scenario.

2. If a patient requests for both hepatitis A and B vaccines, can I give the combined hepatitis A/B vaccine (e.g. Twinrix) and submit a VCDSS claim for hepatitis B vaccination?

No, this is not permitted. VCDSS subsidies can only be claimed for vaccines in the Subsidised Vaccine List (SVL), which does not include Twinrix.

For combination vaccines such as Twinrix (hepatitis A and hepatitis B), MediSave can only be used for the cost of the component vaccination that is on the NCIS/NAIS. For example, clinics should only claim MediSave for the cost of hepatitis B even though Twinrix was administered.

3. With regard to groups recommended for influenza vaccination under NAIS, do chronic disorders include fatty liver, with or without transaminitis? What about gout or asymptomatic hyperuricaemia?

Literature cites non-alcoholic fatty liver disease under chronic hepatitis (one of the examples under chronic hepatic disorders recommended for influenza vaccination). Due to a wide spectrum of the disease, the risk of developing complications from influenza as well as the recommendation for influenza vaccination should be left to the clinical assessment of the attending doctor.

Chronic metabolic disorders that should be considered for vaccination are diabetes, inherited metabolic disorders (e.g. porphyrias) and mitochondrial disorders; as listed in MOH Circular No. 211/2020 on seasonal influenza vaccination. Gout and/or asymptomatic hyperuricaemia is generally not considered under high risk groups recommended for influenza vaccination.

QUESTIONS REGARDING NCIS VACCINES

1. For babies who have started on dose 2 of hepatitis B vaccine at one month old, and hence not scheduled for dose 1 of 6-in-1 vaccine at two months old, can we proceed to vaccinate and claim the subsidies with the schedule of 5-in-1, 5-in-1 and 6-in-1 vaccines?

Yes. Subsidies can be claimed for subsequent doses administered from 1 November 2020 onwards.

2. PCV13 is now to be given at age 4, 6 and 12 months. As the child will be getting 5-in-1 and 6-in-1 at 4 and 6 months, if the child's parent insists on having PCV13 on separate days, can we give the first two doses at age 3 and 5 months instead?

The NCIS serves as guidelines in terms of vaccination schedule, number of doses, interval, etc. Doctors are advised to follow the timing in the NCIS but are able to exercise flexibility in discussion with parents and based on clinical discretion. You may like to advise the parents that if they are concerned about side effects such as fever, it can still occur even if PCV13 and 5-in-1 or 6-in-1 are given separately on different days. Doctors should actively follow up with parents to ensure that the child does not fall behind in the vaccination schedule.

GPs should ensure that patient is indicated as eligible in the MOH Healthcare Claim Portal before extending VCDSS subsidies to patients.

QUESTIONS REGARDING CDS

1. If a child misses a CDS touchpoint, can I still perform a CDS and submit a claim?

CDS entails monitoring of development at specific age milestones as part of routine child health surveillance and preventive care. Clinicians should encourage parents to bring their children for timely CDS visits based on the recommended touchpoints and age ranges as per the MOH "Guidance on Childhood Developmental Screening" (MOH Circular No. 183/2020). This applies to CDS at all primary care clinics, including both GP clinics and Polyclinics, to ensure a consistent experience for parents regardless of site of care.

While clinicians may still assess children outside of the recommended age ranges, CDS subsidy eligibility at CHAS GP clinics takes reference from the national CDS clinical recommendations.

2. Can claims for CDS be made for visits outside milestone ranges? (For example, if there is any abnormality during any of the CDS, and the baby needs a shorter next review.)

To ensure timely monitoring of developmental concerns or delays, all CDS should be performed within the recommended age range for each milestone in order to be eligible for claim. If CDS is conducted outside the recommended milestone age range for valid clinical reasons, clinicians may still submit the claim with the accompanying appeal reason, providing adequate details for justification, subject to subsidy approval on a case-by-case basis.

Appeals with justifiable clinical reasons will be approved. These include cases where there are clear clinical reasons for the GP to perform CDS outside the usual age range (e.g. a follow-up visit is needed for review of unattained or delayed developmental milestone).

Non-clinical appeal reasons (e.g. parents forgetting and missing appointments) will not be valid for CDS subsidy claims if the visits are made outside the MHCP claimable age ranges for each touchpoint. GPs should schedule CDS visits with parents in a timely manner within the range and remind parents that visits outside of these ranges will not be eligible for the Government subsidy.